





*Underwritten by  
CRUM & FORSTER*

### Specification Summary

Name of Sponsoring Organization: **VIRGINIA TECH PROGRAMS ABROAD**  
\*as a part of the Virginia System Contract

Operational Contact: **Allie G. Oberoi, Global Safety & Risk Management, Global Education, Virginia Tech, Office: (540) 231-2867, Emergency Cell: (540) 750-5747, aoberoi@vt.edu**

Group to be Insured: Study Abroad Participants

Effective Date of Policy: 7 (Month) 1 (Day) 2023 (Year)

### Schedule of Benefits

Accidental Death and Dismemberment	
Per Insured	\$20,000
Aggregate	\$1,000,000
Medical Expense (per Accident or Sickness):	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
Dental Treatment (Injury Only):	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
Pre-existing Conditions Coverage Limit	Covered to \$10,000 primary, then secondary to \$100,000
Mental and Nervous (Per Lifetime):	\$10,000 outpatient/\$50,000 inpatient
Physiotherapy:	Covered if recommended by a physician and administered by a licensed physiotherapist
Specified Therapies and Spinal Manipulation: Outpatient Limit	Maximum of \$50 per visit up to 10 visits, overall maximum of \$500
Prescription Drugs (Inpatient/Outpatient)	100% of covered expenses up to basic medical max
Extension of Benefits	30 days
Maternity	Maternity Covered As Any Other Condition
Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
Limit for:	
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Emergency Medical Reunion	\$2,000 (incl. hotel/meals, \$150/day)
Trip Interruption Benefit	\$1,000
Trip Delay Benefit	\$5,000
Security Evacuation (Comprehensive)	\$250,000 (1 Million Aggregate)
24/7/365 Team Assist Package	Included

### Premium Schedule

Age Rated: Yes \_\_\_\_\_ No  x

<u>Age Group</u>	<u>Monthly Rate</u>	<u>Weekly Rate</u> (for 1, 2, or 3 weeks)
All Ages	\$42.50	\$11.12
Dependents	\$91.70	\$23.86

#### Additional Notes:

- 1) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."

**On Behalf of Institution**

\_\_\_\_\_ Date \_\_\_\_\_

Please complete and fax or email to:

Cultural Insurance Services International  
 1 High Ridge Park, Stamford, CT 06905  
[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com), fax: 203-399-5249

*Terms and conditions are briefly outlined in this proposal. Complete provisions pertaining to this insurance are contained in the master policy. In the event of any conflict between this description of coverage and the policy, the policy will govern. Any provision of the policy which, on its effective date, is in conflict with the laws of the governing jurisdiction, is hereby amended to conform to the minimum requirements of such laws. NOTE: The Plans will meet all Mandated Benefits required by the state in which the policy is issued.*

*This is a proposal and not a contract of insurance. Upon acceptance of the proposal, the terms and conditions of your coverage will be detailed in the policy that is issued. If there are any differences between the terms and conditions of this proposal and the policy issued, the policy will govern. The policy is governed by state laws. Certain terms or provisions may be different if required by the laws of that state.*

CUBA TRAVEL NOTICE: See Next Page

If participants in your group may travel to Cuba during the policy year referenced herein, you must complete this certification at the time of the renewal. Completed certifications will be kept on file for use if a claim originating in Cuba were to be filed by one of your travelers.

### Cuba Travel Certification

For U.S. residents, certain travel restrictions remain in effect and have changed as of November 8, 2017. Tourist travel to Cuba is prohibited under U.S. law for U.S. citizens and others under U.S. jurisdiction.

Travel is permitted for U.S. residents meeting the requirements of General Licenses published by OFAC. Details can be found in CACR 31 C.F.R. § 515.560(a) on these requirements and in the FAQ's published by OFAC link below:

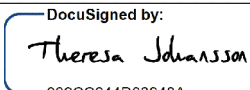
[https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba\\_faqs\\_new.pdf](https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba_faqs_new.pdf)

\_\_\_\_\_ (“Policyholder”) confirms its understanding of the Cuba travel regulations and hereby certifies that it has processes in place that will ensure that each of its travelers (e.g., employees; students) traveling on Policyholder sponsored trips during the term of the policy of insurance (policy number: \_\_\_\_\_) are in full compliance with all such regulations in connection with all such trips and will retain appropriate documentation to that effect which will be made reasonably available upon request.

The person executing this Certification warrants and represents that he or she has the power and authority to execute this Certification on behalf of the Policyholder.

Name: Theresa Johansson

Title: Director of Global Education

Signature:  \_\_\_\_\_  
009CC644D03948A...

Date: 6/13/2023



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CRUM & FORSTER*

### Specification Summary

Name of Sponsoring Organization: **Virginia Tech, as a part of the Virginia System Contract**  
**Theresa Johansson**  
**Director of Global Education**  
526 Prices Fork Road (Mail Code 0328)  
Blacksburg, VA 24061

(540) 231-8205

Group to be Insured: "OTHER" Enrollees Abroad: Travel which includes faculty and staff who are abroad for conferences, meetings, symposiums, or other categories that the University has determined fall outside of the study abroad travel policy

Policy Year - 7/1/2023 through 6/30/2024

### Schedule of Benefits

Accidental Death and Dismemberment	
Per Insured	\$20,000
Aggregate	\$1,000,000
Medical Expense (per Accident or Sickness):	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
Dental Treatment (Injury Only):	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
Pre-existing Conditions Coverage Limit	Covered to \$10,000 primary, then secondary to \$100,000
Mental and Nervous (Per Lifetime):	\$10,000 outpatient/\$50,000 inpatient
Physiotherapy:	Covered if recommended by a physician and administered by a licensed physiotherapist
Specified Therapies and Spinal Manipulation:	Maximum of \$50 per visit up to 10 visits, overall maximum of \$500
Outpatient Limit	
Prescription Drugs (Inpatient/Outpatient)	100% of covered expenses up to basic medical max
Extension of Benefits	30 days
Maternity	Maternity Covered As Any Other Condition
Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
Limit for:	
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Emergency Medical Reunion	\$2,000 (incl. hotel/meals, \$150/day)
Trip Interruption Benefit	\$1,000
Trip Delay Benefit	\$5,000
Security Evacuation (Comprehensive)	\$250,000 (1 Million Aggregate)
24/7/365 Team Assist Package	Included

### Premium Schedule

Age Rated: Yes \_\_\_ No x

"OTHER" CATEGORY (Non-Study Abroad Travel)	RATES
Participant Monthly	\$83.50
Participant Weekly	\$21.80
Dependents Monthly	\$141.30
Dependents Weekly	\$36.92

**Additional Notes:**

- 2) Repatriation/Return of Remains coverage shall also include:
- "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."

**On Behalf of Virginia Tech University**

\_\_\_\_\_ Date \_\_\_\_\_

Please complete and fax or email to: Cultural Insurance Services International  
1 High Ridge Park, Stamford, CT 06905  
[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com), fax: 866 866 4693

*Terms and conditions are briefly outlined in this proposal. Complete provisions pertaining to this insurance are contained in the master policy. In the event of any conflict between this description of coverage and the policy, the policy will govern. Any provision of the policy which, on its effective date, is in conflict with the laws of the governing jurisdiction, is hereby amended to conform to the minimum requirements of such laws. NOTE: The Plans will meet all Mandated Benefits required by the state in which the policy is issued.*

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**Procurement**

300 Turner Street NW  
North End Center, Ste 2100  
Blacksburg, Virginia 24061  
P: (540) 231-6221 F: (540) 231-9628  
[www.procurement.vt.edu](http://www.procurement.vt.edu)

May 11, 2022

Cultural Insurance Services International  
Steve Hopkins  
1 High Ridge Park  
Stamford, CT 06905

Dear Mr. Hopkins:

Subject: Contract Renewal Letter

Virginia Tech Contract #: UCP-TS-003-12  
Commodity/Service: Study Abroad Insurance  
Renewal Period: July 1, 2022 – June 30, 2023  
Renewal #: (11) one-year renewal

In accordance with the renewal provision of the original contract, the university would like to renew the contract for an additional term. Please advise concerning your intention by signing in the appropriate space below. A signed copy of this letter should be received in Procurement as soon as possible.

If allowed by the contract, price adjustments must be requested at the time of renewal in accordance with the contract documents. Price adjustments are not automatic or retroactive and are only implemented upon request by the vendor at the time of renewal.

In addition, review the attached form which shows your company information as listed in the university's vendor database. If any of this information has changed, make corrections directly on the form, and return with this letter. It is essential this information be accurate for payments to be processed in a timely manner.

Virginia Tech recommends that our vendors utilize the Wells One AP Control Payment System for payment of all invoices and strongly encourages all vendors under contract with the university to participate in this program. If your firm is not enrolled in the program, refer to our website: <http://www.procurement.vt.edu/Vendor/WellsOne.html> or contact me directly for more information.

Sincerely,

John Spence  
Buyer Senior/Contracts Office  
Telephone: (540) 231-3333

Cultural Insurance Services International **agrees** to renew the contract under the terms and conditions of the subject contract.

Authorized Signature: Steve Hopkins Date: 5/16/22  
Name: Steve Hopkins Title: Group Acct Mngr  
(please print)

**We currently participate in the Wells One Program.** \_\_\_\_\_

**We would like to participate in the Wells One Program** \_\_\_\_\_

PQ/

Approved: \_\_\_\_\_ DocuSigned by: Mary Helmick Date: 5/16/2022  
5943314F5CD3478...

Mary W. Helmick  
Director of Procurement





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**Theresa Johansson**  
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 Blacksburg, VA 24061  
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**Policy Year - 7/1/2022 through 6/30/2023**

### Schedule of Benefits

Accidental Death and Dismemberment	
Per Insured	\$20,000
Aggregate	\$1,000,000
Medical Expense (per Accident or Sickness):	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
Dental Treatment (Injury Only):	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
Pre-existing Conditions Coverage Limit	Covered to \$10,000 primary, then secondary to \$100,000
Mental and Nervous (Per Lifetime):	\$10,000 outpatient/\$50,000 inpatient
Physiotherapy:	Covered if recommended by a physician and administered by a licensed physiotherapist
Specified Therapies and Spinal Manipulation: Outpatient Limit	Maximum of \$50 per visit up to 10 visits, overall maximum of \$500
Prescription Drugs (Inpatient/Outpatient)	100% of covered expenses up to basic medical max
Extension of Benefits	30 days
Maternity	<b>Maternity Covered As Any Other Condition</b>
Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
Limit for:	
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Emergency Medical Reunion	\$2,000 (incl. hotel/meals, \$150/day)
Trip Interruption Benefit	\$1,000
Trip Delay Benefit	<b>\$5,000</b>
Security Evacuation (Comprehensive)	\$250,000 (1 Million Aggregate)
24/7/365 Team Assist Package	Included



### Premium Schedule

Age Rated: Yes \_\_\_\_\_ No  x

<b>"OTHER" CATEGORY (Non-Study Abroad Travel)</b>	<b>RATES</b>
Participant Monthly	\$74.90
Participant Weekly	\$19.61
Dependents Monthly	\$126.75
Dependents Weekly	\$33.22

#### Additional Notes:

- 1) Repatriation/Return of Remains coverage shall also include:
  - " In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."

**On Behalf of Virginia Tech University**

\_\_\_\_\_ Date \_\_\_\_\_

Please complete and fax or email to: Cultural Insurance Services International  
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[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com), fax: 866 866 4693

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CUBA TRAVEL NOTICE: See Next Page



If participants in your group may travel to Cuba during the policy year referenced herein, you must complete this certification at the time of the renewal. Completed certifications will be kept on file for use if a claim originating in Cuba were to be filed by one of your travelers.

### Cuba Travel Certification

For U.S. residents, certain travel restrictions remain in effect and have changed as of November 8, 2017. Tourist travel to Cuba is prohibited under U.S. law for U.S. citizens and others under U.S. jurisdiction.

Travel is permitted for U.S. residents meeting the requirements of General Licenses published by OFAC. Details can be found in CACR 31 C.F.R. § 515.560(a) on these requirements and in the FAQ's published by OFAC link below:

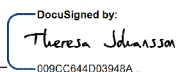
[https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba\\_faqs\\_new.pdf](https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba_faqs_new.pdf)

virginia Tech ("Policyholder") confirms its understanding of the Cuba travel regulations and hereby certifies that it has processes in place that will ensure that each of its travelers (e.g., employees; students) traveling on Policyholder sponsored trips during the term of the policy of insurance (policy number: GLM N04983798) are in full compliance with all such regulations in connection with all such trips and will retain appropriate documentation to that effect which will be made reasonably available upon request.

The person executing this Certification warrants and represents that he or she has the power and authority to execute this Certification on behalf of Policyholder.

Name: Theresa Johansson

Title: Director of Global Education

Signature: 

Date: 5/16/2022



Procurement  
 300 Turner Street NW  
 North End Center, Ste 2100  
 Blacksburg, Virginia 24061  
 P: (540) 231-6221 F: (540) 231-9628  
[www.procurement.vt.edu](http://www.procurement.vt.edu)

March 18, 2021

Cultural Insurance Services International  
 Attn: Steve Hopkins  
 1 High Ridge Park  
 Stamford, CT 06905

Dear Mr. Hopkins:

Subject: Contract Renewal Letter

Virginia Tech Contract #: UCP-TS-003-12  
 Commodity/Service: Study Abroad Insurance  
 Renewal Period: July 1, 2021 - June 30, 2022  
 Renewal #: (10) one-year renewal

In accordance with the renewal provision of the original contract, the university would like to renew the contract for an additional term. Please advise concerning your intention by signing in the appropriate space below. A signed copy of this letter should be received in Procurement as soon as possible.

If allowed by the contract, price adjustments must be requested at the time of renewal in accordance with the contract documents. Price adjustments are not automatic or retroactive and are only implemented upon request by the vendor at the time of renewal.

In addition, review the attached form which shows your company information as listed in the university's vendor database. If any of this information has changed, make corrections directly on the form, and return with this letter. It is essential this information be accurate for payments to be processed in a timely manner.

Virginia Tech recommends that our vendors utilize the Wells One AP Control Payment System for payment of all invoices and strongly encourages all vendors under contract with the university to participate in this program. If your firm is not enrolled in the program, refer to our website: <http://www.procurement.vt.edu/Vendor/WellsOne.html> or contact me directly for more information.

Sincerely,  
 John Spence  
 Senior Buyer *JS for JS*

Telephone: (540) 231-3333

Cultural Insurance Services International agrees to renew the contract under the terms and conditions of the subject contract.

Authorized Signature: *Steve Hopkins* Date: 5/7/2021  
 Name: Steve Hopkins Title: Senior Acct Mngr  
 (please print)

We currently participate in the Wells One Program.       


We would like to participate in the Wells One Program       

JS/sr  
 Approved: *Reed Nagel*  
 Reed Nagel  
 Assistant Director of Procurement  
 Date: 5/20/21

The CISI 2021 Renewal for the Virginia System programs abroad is detailed below, including the coverage summary and the individual institutional rates.

Any questions can be directed to Steve Hopkins, Senior Group Account Manager for CISI.

SCHEDULE OF BENEFITS		RATES		
COVERAGE & SERVICES	MAXIMUM LIMITS	Participant Type	Weekly up to 3 Wks	Monthly
<b>TRAVEL ACCIDENT INDEMNITY INSURANCE</b>		<b>VIRGINIA TECH STUDY ABROAD (28.75)</b>		
Accidental Death and Dismemberment Per Insured P	\$20,000	Participant	\$9.74	\$37.10
Aggregate per Accident	\$1,000,000	Dependent	\$20.90	\$80.05
<b>ACCIDENT AND SICKNESS INSURANCE</b>		<b>VIRGINIA TECH BUSINESS TRAVELER (30)</b>		
Medical expenses (per Covered Accident or Sickness):		Participant	\$19.09	\$72.90
Deductible	zero	Dependent	\$32.34	\$123.40
Benefit Maximum	\$500,000 at 100%	<b>UNIVERSITY OF VIRGINIA STUDY ABROAD (30)</b>		
Prescription Drugs (Inpatient/Outpatient)	100% of Usual and Customary Charges	Participant	\$8.59	\$32.75
Physiotherapy	If recommended by a Doctor for treatment and administered by a licensed physiotherapist	<b>UNIVERSITY OF VIRGINIA BUSINESS TRAVELER (30)</b>		
Mental/Nervous Outpatient	\$10,000	Participant		\$62.40
Mental/Nervous Inpatient	\$50,000	<b>OLD DOMINION STUDY ABROAD (30)</b>		
Chiropractic Care and Therapeutic Services	\$50/visit, 10 visit max, overall max \$500	Participant	\$9.65	\$36.80
Accidental Dental	Covered	<b>RADFORD STUDY ABROAD (30)</b>		
Palliative Dental	\$500 (\$250/tooth)	Participant	\$9.65	\$36.80
Pregnancy, childbirth or miscarriage	<b>As any other condition</b>	<b>VCU STUDY ABROAD AND BUSINESS TRAVEL (30)</b>		
Motor vehicle related-injuries	Covered	*VCU also began its own plan under this VASCUPP this year, however they are currently using slightly different plan and will be renewing in a separate process with a 4/1 renewal date.		
Alcohol/drug-related injuries	Covered	Participant	\$8.59	\$32.75
Pre-existing Conditions	\$10,000 Primary, \$100,000 Secondary	Business Travel Annual Blanket \$6,720 (\$4,032.48 COVID Discount)		
Extension of Benefits	30 days			
<b>TRAVEL ASSISTANCE INSURANCE</b>				
Emergency Medical Reunion	hotel/meals, max \$150/day) \$2,000, 6-day trigger			
Trip Delay - Quarantine Trigger Only	\$2,500, 12-hour delay, 14-day max			
Trip Interruption - Additional Trigger: Quarantine	\$1,000			
<b>EVACUATION AND REPATRIATION INSURANCE</b>				
Emergency Medical Evacuation	\$250,000			
Repatriation of Mortal Remains	\$100,000			
Security Evacuation (Comprehensive or Basic)	\$250,000 (\$1M Aggregate)			
<b>NON-INSURANCE SERVICES</b>				
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance				
<b>Additional Specific Plan Benefits</b>				
Suicide & Self-Inflicted injuries with the exception of Accidental Death & Dismemberment				
No longer have Home Country Coverage				
<b>Repatriation/Return of Remains coverage shall also include:</b>				
"In addition, airfare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."				

Authorized Signature:   
 Name: Steve Hopkins  
 (please print)

Date: 5/7/2021  
 Title: Senior Acct Mngr

***Underwritten by  
CRUM & FORSTER***

**Specification Summary**

Name of Sponsoring Organization: **VIRGINIA TECH PROGRAMS ABROAD**  
\*as a part of the Virginia System Contract

Operational Contact: **Allie G. Oberoi, Global Safety & Risk Management, Global Education, Virginia Tech, Office: (540) 231-2867, Emergency Cell: (540) 750-5747, aoberoi@vt.edu**

Group to be Insured: Study Abroad Participants

Effective Date of Policy: 7 (Month) 1 (Day) 2020 (Year)

**Schedule of Benefits**

Accidental Death and Dismemberment	
Per Insured	\$20,000
Aggregate	\$1,000,000
Medical Expense (per Accident or Sickness):	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
Dental Treatment (Injury Only):	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
Pre-existing Conditions Coverage Limit	Covered to \$10,000 primary, then secondary to \$100,000
Mental and Nervous (Per Lifetime):	\$10,000 outpatient/\$50,000 inpatient
Physiotherapy:	Covered if recommended by a physician and administered by a licensed physiotherapist
Specified Therapies and Spinal Manipulation:	Maximum of \$50 per visit up to 10 visits, overall
Outpatient Limit	maximum of \$500
Prescription Drugs (Inpatient/Outpatient)	100% of covered expenses up to basic medical max
Extension of Benefits	30 days
Maternity	Covered if conception occurs while the policy is in force
Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
Limit for:	
Emergency Medical Evacuation	\$250,000
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Emergency Medical Reunion	\$2,000 (incl. hotel/meals, \$150/day)
Trip Interruption Benefit	\$1,000
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Security Evacuation (Comprehensive)	\$250,000 (1 Million Aggregate)
24/7/365 Team Assist Package	Included

### Premium Schedule

Age Rated: Yes \_\_\_\_\_ No  x

<u>Age Group</u>	<u>Monthly Rate</u>	<u>Weekly Rate</u> (for 1, 2, or 3 weeks)
All Ages	\$35.80	\$9.40
Dependents	\$78.75	\$20.56

#### Additional Notes:

- 1) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."

On Behalf of Institution

*May W Helmet*  
*Director of Procurement* Date 6/30/20

Please complete and fax or email to:

Cultural Insurance Services International  
1 High Ridge Park, Stamford, CT 06905  
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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CONTRACT MODIFICATION AGREEMENT

Date: March 25, 2019

Contract No.: UCP-TS-003-12

Modification No.: Modification 9 and Renewal 8

Issued By: Virginia Polytechnic Institute and State University (Virginia Tech)

Contractor: Cultural Insurance Services International

Commodity: Study Abroad Insurance

This Supplemental Agreement is entered into pursuant to the provisions of the basic contract

Description of Modification:

1. The contract is hereby modified to reflect Summary of Benefits presented herein. The Summary of Benefits shall be effective for Policy Year 2019-2020 and shall be implemented on July 1, 2019.
2. The contract is hereby renewed for an additional year in accordance with the terms and conditions of the subject contract, ending June 30, 2020.

Except as provided herein, all terms and conditions of Contract Number UCP-TS-003-12, as heretofore changed, remain unchanged and in full force and effect.

Contractor

By:

(Signature)

Name and Title

Virginia Tech

By:

Mary W. Helmick

Director of Procurement

Senior Group Accounts



Policy: GLM N04983798-OTHER

**Underwritten by  
ACE American Insurance Company,  
a member of The Chubb Group of Companies**

**Specification Summary**

Name of Sponsoring Organization: **Virginia Tech, as a part of the Virginia System Contract**  
**Theresa Johanson**  
**Director of Global Education**  
 526 Prices Fork Road (Mail Code 0328)  
 Blacksburg, VA 24061  
 (540) 231-8205

Group to be Insured: "OTHER" Enrollees Abroad: Travel which includes faculty and staff who are abroad for conferences, meetings, symposiums, or other categories that the University has determined fall outside of the study abroad travel policy

**Policy Year - 7/1/2019 through 6/30/2020**

**Schedule of Benefits**

<b>Accidental Death and Dismemberment</b>	
Per Insured	\$20,000
Aggregate	\$1,000,000
<b>Medical Expense (per Accident or Sickness):</b>	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
<b>Dental Treatment (Injury Only):</b>	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
Pre-existing Conditions Coverage Limit	Covered to \$10,000 primary, then secondary to \$100,000 (Home Country Extension of Benefits Excluded)
Mental and Nervous (Per Lifetime):	\$10,000 outpatient/\$50,000 inpatient
Physiotherapy:	Covered if recommended by a physician and administered by a licensed physiotherapist
<b>Specified Therapies and Spinal Manipulation:</b>	
Outpatient Limit	Max of \$50 per visit up to 10 visits, overall max of \$500
Prescription Drugs (Inpatient/Outpatient)	100% of covered expenses up to basic medical max
Extension of Benefits	30 days
Maternity	Covered if conception occurs while the policy is in force
Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
Home Country Coverage	\$10,000 or up to 30 days (payable as secondary)
<b>Limit for:</b>	
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Medical Quarantine Benefit	\$2,500
Emergency Medical Reunion	\$10,000 (incl. hotel/meals, \$150/day)
Trip Interruption Benefit	\$1,000
Security Evacuation (Comprehensive)	\$250,000 (No Aggregate)
24/7/365 Team Assist Package	Included

*[Handwritten Signature]*

### Premium Schedule

Age Rated: Yes \_\_\_\_\_ No x

<b>"OTHER" CATEGORY (Non-Study Abroad Travel)</b>	<b>RATES</b>
Participant Monthly	\$71.60
Participant Weekly	\$18.75
Dependents Monthly	\$122.10
Dependents Weekly	\$32.00

#### Additional Notes:

- 1) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."

On Behalf of Virginia Tech University

*Kimberly Williams* Date 3/25/13

Please complete and fax or email to:

Cultural Insurance Services International  
1 High Ridge Park, Stamford, CT 06905  
[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com), fax: 866 866 4693

*Terms and conditions are briefly outlined in this proposal. Complete provisions pertaining to this insurance are contained in the master policy. In the event of any conflict between the terms and conditions of this proposal and the policy, the policy will govern. Any provision of the policy which, on its effective date, is in conflict with the laws of the governing jurisdiction, is hereby amended to conform to the minimum requirements of such laws. NOTE: The Plans will meet all Mandated Benefits required by the state in which the policy is issued.*

*This is a proposal and not a contract of insurance. Upon acceptance of the proposal, the terms and conditions of your coverage will be detailed in the policy that is issued. If there are any differences between the terms and conditions of this proposal and the policy issued, the policy will govern. The policy is governed by state laws. Certain terms or provisions may be different if required by the laws of that state.*

CUBA TRAVEL NOTICE: See Next Page

54\*

If participants in your group may travel to Cuba during the policy year referenced herein, you must complete this certification at the time of the renewal. Completed certifications will be kept on file for use if a claim originating in Cuba were to be filed by one of your travelers.

### Cuba Travel Certification

For U.S. residents, certain travel restrictions remain in effect and have changed as of November 8, 2017. Tourist travel to Cuba is prohibited under U.S. law for U.S. citizens and others under U.S. jurisdiction.

Travel is permitted for U.S. residents meeting the requirements of General Licenses published by OFAC. Details can be found in CACR 31 C.F.R. § 515.560(a) on these requirements and in the FAQ's published by OFAC link below:

[https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba\\_faq\\_nov17.pdf](https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba_faq_nov17.pdf)

Virginia Tech ("Policyholder") confirms its understanding of the Cuba travel regulations and hereby certifies that it has processes in place that will ensure that each of its travelers (e.g., employees; students) traveling on Policyholder sponsored trips during the term of the Chubb policy of insurance (policy number:                     ) are in full compliance with all such regulations in connection with all such trips and will retain appropriate documentation to that effect which will be made reasonably available upon request. The person executing this Certification warrants and represents that he or she has the power and authority to execute this Certification on behalf of Policyholder.

Name: Theresa Johansson

Title: Director of Global Education

Signature: Theresa Johansson

Date: 28 March 2019

*SJA*

Policy No: GLM N04983798



**Underwritten by  
ACE American Insurance Company,  
a member of The Chubb Group of Companies**

**Specification Summary**

Name of Sponsoring Organization: ~~Virginia Tech~~ ~~as a part of the~~ ~~...~~

Theresa Johansson

Director of Global Education

526 Prices Fork Road (Mail Code 0328)  
Blacksburg, VA 24061  
(540) 231-8205

Estimated Number of Participants Per Year: 1000 ~~Dependents~~

Effective Date of Policy: 7 (Month) ~~...~~

**Schedule of Benefits**

Accidental Death and Dismemberment	
Per Insured	\$20,000
Aggregate	\$1,000,000
Medical Expense (per Accident or Sickness):	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
Dental Treatment (Injury Only):	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
Pre-existing Conditions Coverage Limit	Covered to \$10,000 primary, then secondary to \$100,000 (Home Country Extension of Benefits Excluded)
Mental and Nervous (Per Lifetime):	\$10,000 outpatient/\$50,000 inpatient
Physiotherapy:	Covered if recommended by a physician and administered by a licensed physiotherapist
Specified Therapies and Spinal Manipulation: Outpatient Limit	Maximum of \$50 per visit up to 10 visits, overall maximum of \$500
Prescription Drugs (Inpatient/Outpatient)	100% of covered expenses up to basic medical max
Extension of Benefits	30 days
Maternity	Covered if conception occurs while the policy is in force
Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
Home Country Coverage	\$10,000 or up to 30 days (payable as secondary)
Limit for:	
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Medical Quarantine Benefit	\$2,500
Emergency Medical Reunion	\$10,000 (incl. hotel/meals, \$150/day)
Trip Interruption Benefit	\$1,000
Security Evacuation (Comprehensive)	\$250,000 (1 Million Aggregate)
24/7/365 Team Assist Package	Included

*[Handwritten signature]*

**Premium Schedule**

Age Rated: Yes \_\_\_\_\_ No x

Age Group

All Ages	\$35.80	\$9.40
Dependent	\$78.75	

**Additional Notes:**

- 1) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the funeral home."

**On Behalf of University of Virginia Tech**

*Kimberly M. [Signature]* Date 3/25/19

Please complete and return to:

shopkins@worldnet.att.net

*Terms and conditions are briefly outlined in this proposal. Complete provisions pertaining to this insurance are contained in the master policy. In the event of any conflict between this description of coverage and the policy, the policy will govern. Any provision of the policy which, on its effective date, is in conflict with the laws of the governing jurisdiction, is hereby amended to conform to the minimum requirements of such laws. NOTE: The Plans will meet all Mandated Benefits required by the state in which the policy is issued.*

*This is a proposal and not a contract. The actual terms and conditions of the policy, including the conditions of your coverage will be detailed in the policy. In the event of any conflict between the terms and conditions of this proposal and the actual policy, the actual policy is governed by state laws. Certain terms or provisions may be different if required by the laws of that state.*

CUBA TRAVEL NOTICE: See Next Page

*3/25*

If participants in your group may travel to Cuba during the policy year referenced herein, you must complete this certification at the time of the renewal. Completed certifications will be kept on file for use if a claim originating in Cuba were to be filed by one of your travelers.

### Cuba Travel Certification

For U.S. residents, certain travel restrictions remain in effect and have changed as of November 8, 2017. Tourist travel to Cuba is prohibited under U.S. law for U.S. citizens and others under U.S. jurisdiction.

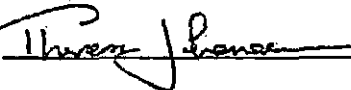
Travel is permitted for U.S. residents meeting the requirements of General Licenses published by OFAC. Details can be found in CACR 31 C.F.R. § 515.560(a) on these requirements and in the FAQ's published by OFAC link below:

[https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba\\_faqs\\_new.pdf](https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba_faqs_new.pdf)

Virginia Tech ("Policyholder") confirms its understanding of the Cuba travel regulations and hereby certifies that it has processes in place that will ensure that ~~each of its~~ travelers (e.g., employees; students) traveling on Policyholder sponsored trips during the term of the Chubb policy of insurance (policy number: XXXXXXXXXX) are in full compliance with all such regulations in connection with all such trips and will retain appropriate documentation to that effect which will be made reasonably available upon request. The person executing this Certification warrants and represents that he or she has the power and authority to execute this Certification on behalf of Policyholder.

Name: Theresa Johansson

Title: Director of Global Education

Signature: 

Date: 28 March 2019





CONTRACT MODIFICATION AGREEMENT

Date: March 21, 2018

Contract No.: UCP-TS-003-12

Modification No.: Modification 8 and Renewal 7

Issued By: Virginia Polytechnic Institute and State University (Virginia Tech)

Contractor: Cultural Insurance Services International

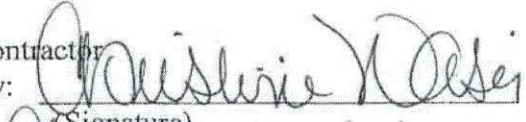

Commodity: Study Abroad Insurance

This Supplemental Agreement is entered into pursuant to the provisions of the basic contract.

Description of Modification:

1. The contract is hereby modified to reflect Summary of Benefits presented herein. The Summary of Benefits shall be effective for Policy Year 2018-2019 and shall be implemented on July 1, 2018.
2. The contract is hereby renewed for an additional year in accordance with the terms and conditions of the subject contract, ending June 30, 2019.

Except as provided herein, all terms and conditions of Contract Number UCP-TS-003-12, as heretofore changed, remain unchanged and in full force and effect.

Contractor	Virginia Tech
By: 	By: 
(Signature)	
Christine Wasil	Mary W. Helmick
Name and Title	Director of Procurement
Director of Operations	

Policy No: GLM N04983798



***Underwritten by  
ACE American Insurance Company,  
a member of The Chubb Group of Companies***

**Specification Summary**

Name of Sponsoring Organization: **Virginia Tech, as a part of the Virginia System Contract**  
**Theresa Johansson**  
**Director of Global Education**  
526 Prices Fork Road (Mail Code 0328)  
Blacksburg, VA 24061  
(540) 231-8205

Group to be Insured: Study Abroad Participants

Estimated Number of Participants Per Year: 1000 Dependents: -0-

Effective Date of Policy: 7 (Month) 1 (Day) 2018 (Year)

**Schedule of Benefits**

Accidental Death and Dismemberment	
Per Insured	\$20,000
Aggregate	\$1,000,000
Medical Expense (per Accident or Sickness):	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
Dental Treatment (Injury Only):	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
Pre-existing Conditions Coverage Limit	Covered to \$10,000 primary, then secondary to \$100,000 (Home Country Extension of Benefits Excluded)
Mental and Nervous (Per Lifetime):	\$10,000 outpatient/\$50,000 inpatient
Physiotherapy:	Covered if recommended by a physician and administered by a licensed physiotherapist
Specified Therapies and Spinal Manipulation: Outpatient Limit	Maximum of \$50 per visit up to 10 visits, overall maximum of \$500
Prescription Drugs (Inpatient/Outpatient)	100% of covered expenses up to basic medical max
Extension of Benefits	30 days
Maternity	Covered if conception occurs while the policy is in force
Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
Home Country Coverage	\$10,000 or up to 30 days (payable as secondary)
Limit for:	
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Medical Quarantine Benefit	\$2,500
Emergency Medical Reunion	\$10,000 (incl. hotel/meals, \$150/day)
Trip Interruption Benefit	\$1,000
Security Evacuation (Comprehensive)	\$250,000 (1 Million Aggregate)
24/7/365 Team Assist Package	Included

### Premium Schedule

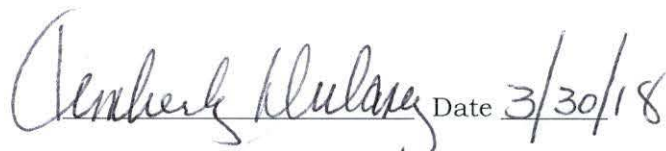
Age Rated: Yes \_\_\_\_\_ No  x

<u>Age Group</u>	<u>Monthly Rate</u>	<u>Weekly Rate</u> (for 1, 2, or 3 weeks)
All Ages	\$35.80	\$9.40
Dependent	\$78.75	\$20.65

#### Additional Notes:

- 1) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."

#### On Behalf of University of Virginia Tech

 Date 3/30/18

Please complete and fax or email to: Cultural Insurance Services International  
1 High Ridge Park, Stamford, CT 06905  
[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com), fax: 203-399-5249

*Terms and conditions are briefly outlined in this proposal. Complete provisions pertaining to this insurance are contained in the master policy. In the event of any conflict between this description of coverage and the policy, the policy will govern. Any provision of the policy which, on its effective date, is in conflict with the laws of the governing jurisdiction, is hereby amended to conform to the minimum requirements of such laws. NOTE: The Plans will meet all Mandated Benefits required by the state in which the policy is issued.*

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**CUBA TRAVEL NOTICE: See Next Page**

If participants in your group may travel to Cuba during the policy year referenced herein, you must complete this certification at the time of the renewal. Completed certifications will be kept on file for use if a claim originating in Cuba were to be filed by one of your travelers.

### Cuba Travel Certification

For U.S. residents, certain travel restrictions remain in effect **and have changed as of November 8, 2017**. Tourist travel to Cuba is prohibited under U.S. law for U.S. citizens and others under U.S. jurisdiction.

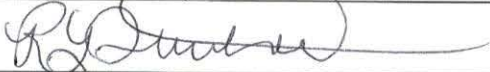
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\_\_\_\_\_ (“Policyholder”) confirms its understanding of the Cuba travel regulations and hereby certifies that it has processes in place that will ensure that each of its travelers (e.g., employees; students) traveling on Policyholder sponsored trips during the term of the Chubb policy of insurance (policy number: \_\_\_\_\_) are in full compliance with all such regulations in connection with all such trips and will retain appropriate documentation to that effect which will be made reasonably available upon request. The person executing this Certification warrants and represents that he or she has the power and authority to execute this Certification on behalf of Policyholder.

Name: Rachel Fitzgerald (signing due to Director's absence)

Title: Associate Director, Global Education Office

Signature: 

Date: 3-22-2018

Policy: GLM N04983798-OTHER

***Underwritten by  
ACE American Insurance Company,  
a member of The Chubb Group of Companies***

**Specification Summary**

Name of Sponsoring Organization: **Virginia Tech, as a part of the Virginia System Contract**  
**Theresa Johansson**  
**Director of Global Education**  
 526 Prices Fork Road (Mail Code 0328)  
 Blacksburg, VA 24061  
 (540) 231-8205

Group to be Insured: "OTHER" Enrollees Abroad: Travel which includes faculty and staff who are abroad for conferences, meetings, symposiums, or other categories that the University has determined fall outside of the study abroad travel policy

**Policy Year - 7/1/2018 through 6/30/2019**

**Schedule of Benefits**

Accidental Death and Dismemberment	
Per Insured	\$20,000
Aggregate	\$1,000,000
Medical Expense (per Accident or Sickness):	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
Dental Treatment (Injury Only):	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
Pre-existing Conditions Coverage Limit	Covered to \$10,000 primary, then secondary to \$100,000 (Home Country Extension of Benefits Excluded)
Mental and Nervous (Per Lifetime):	\$10,000 outpatient/\$50,000 inpatient
Physiotherapy:	Covered if recommended by a physician and administered by a licensed physiotherapist
Specified Therapies and Spinal Manipulation:	
Outpatient Limit	Max of \$50 per visit up to 10 visits, overall max of \$500
Prescription Drugs (Inpatient/Outpatient)	100% of covered expenses up to basic medical max
Extension of Benefits	30 days
Maternity	Covered if conception occurs while the policy is in force
Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
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Security Evacuation (Comprehensive)	\$250,000 (No Aggregate)
24/7/365 Team Assist Package	Included

## Premium Schedule

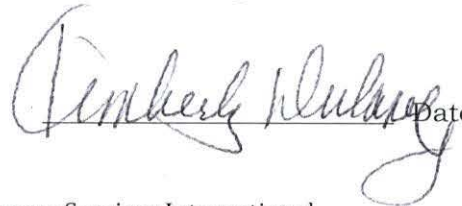
Age Rated: Yes \_\_\_\_\_ No  x

<b>"OTHER" CATEGORY (Non-Study Abroad Travel)</b>	<b>RATES</b>
Participant Monthly	\$71.60
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Dependents Weekly	\$32.00

### Additional Notes:

- 1) Repatriation/Return of Remains coverage shall also include:
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**On Behalf of Virginia Tech University**

 Date 3/30/18

Please complete and fax or email to:

Cultural Insurance Services International  
1 High Ridge Park, Stamford, CT 06905  
[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com), fax: 866 866 4693

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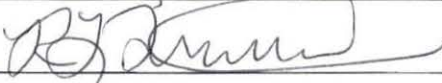
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Name: Rachel Fitzgerald (Signing due to Director's absence)

Title: Associate Director Global Education Office

Signature: 

Date: 3-22-2018

CONTRACT MODIFICATION AGREEMENT

Date: March 7, 2017

Contract No.: UCP-TS-003-12

Modification No.: Modification 7 and Renewal 6

Issued By: Virginia Polytechnic Institute and State University (Virginia Tech)

Contractor: Cultural Insurance Services International

Commodity: Study Abroad Insurance

This Supplemental Agreement is entered into pursuant to the provisions of the basic contract.

Description of Modification:

1. The contract is hereby modified to reflect Summary of Benefits presented herein. The Summary of Benefits shall be effective for Policy Year 2017-2018 and shall be implemented on July 1, 2017.
2. The contract is hereby renewed for an additional year in accordance with the terms and conditions of the subject contract, ending June 30, 2018.

Except as provided herein, all terms and conditions of Contract Number UCP-TS-003-12, as heretofore changed, remain unchanged and in full force and effect.

Contractor  
By: Steve Hopkins  
(Signature)  
Steve Hopkins  
Name and Title

Virginia Tech  
By: Mary W. Helmick  
Mary W. Helmick  
Director of Procurement

Group Manager, CISI





Underwritten by  
**ACE American Insurance Company,**  
*a member of The ACE Group of Companies*

Proposal Specification Summary

Name of Sponsoring Organization: **Virginia Tech, as a part of the Virginia System Contract**  
**Theresa Johansson**  
**Director of Global Education**  
 526 Prices Fork Road (Mail Code 0328)  
 Blacksburg, VA 24061  
 (540) 231-8205

Group to be Insured: Study Abroad Participants

Estimated Number of Participants Per Year: 1000 Dependents: -0-

Effective Date of Policy: 7 (Month) 1 (Day) 2017 (Year)

**Schedule of Benefits**

<b>Accidental Death and Dismemberment</b>	
Per Insured	\$20,000
Aggregate	\$1,000,000
<b>Medical Expense (per Accident or Sickness):</b>	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
<b>Dental Treatment (Injury Only):</b>	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
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Outpatient Limit	Maximum of \$50 per visit up to 10 visits, overall maximum of \$500
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Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
Home Country Coverage	\$10,000 or up to 30 days (payable as secondary)
<b>Limit for:</b>	
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Medical Quarantine Benefit	\$2,500
Emergency Medical Reunion	\$2,000 (incl. hotel/meals, \$150/day)
Reunification Benefit	\$1,000
Security Evacuation (Comprehensive)	\$250,000 (1 Million Aggregate)
24/7/365 Team Assist Package	Included

**Premium Schedule**

Age Rated: Yes \_\_\_\_\_ No  x

<u>Age Group</u>	<u>Monthly Rate</u>	<u>Weekly Rate</u> (for 1, 2, or 3 weeks)
All Ages	\$34.75	\$9.10
Dependent	\$76.45	\$20.00

**Additional Notes:**

- 1) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."

**On Behalf of University of VirginiaTech**

*Steve Hopkins*  
Steve Hopkins, CIS/

\_\_\_\_\_ Date \_\_\_\_\_

Please complete and fax or email to: Cultural Insurance Services International  
1 High Ridge Park, Stamford, CT 06905  
[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com), fax: 866 866 4693

*Terms and conditions are briefly outlined in this proposal. Complete provisions pertaining to this insurance are contained in the master policy. In the event of any conflict between this description of coverage and the policy, the policy will govern. Any provision of the policy which, on its effective date, is in conflict with the laws of the governing jurisdiction, is hereby amended to conform to the minimum requirements of such laws. NOTE: The Plans will meet all Mandated Benefits required by the state in which the policy is issued.*

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Underwritten by  
**ACE American Insurance Company,**  
*a member of The ACE Group of Companies*

Proposal Specification Summary

Name of Sponsoring Organization: **Virginia Tech, as a part of the Virginia System Contract**  
**Theresa Johansson**  
**Director of Global Education**  
 526 Prices Fork Road (Mail Code 0328)  
 Blacksburg, VA 24061  
 (540) 231-8205

Group to be Insured: "OTHER" Enrollees Abroad: Travel which includes faculty and staff who are abroad for conferences, meetings, symposiums, or other categories that the University has determined fall outside of the study abroad travel policy

**Policy Year - 7/1/2017 through 6/30/2018**

**Schedule of Benefits**

<b>Accidental Death and Dismemberment</b>	
Per Insured	\$20,000
Aggregate	\$1,000,000
<b>Medical Expense (per Accident or Sickness):</b>	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
<b>Dental Treatment (Injury Only):</b>	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
Pre-existing Conditions Coverage Limit	Covered to \$10,000 primary, then secondary to \$100,000 (Home Country Extension of Benefits Excluded)
Mental and Nervous (Per Lifetime):	\$10,000 outpatient/\$50,000 inpatient
Physiotherapy:	Covered if recommended by a physician and administered by a licensed physiotherapist
<b>Specified Therapies and Spinal Manipulation:</b>	
Outpatient Limit	Max of \$50 per visit up to 10 visits, overall max of \$500
Prescription Drugs (Inpatient/Outpatient)	100% of covered expenses up to basic medical max
Extension of Benefits	30 days
Maternity	Covered if conception occurs while the policy is in force
Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
Home Country Coverage	\$10,000 or up to 30 days (payable as secondary)
<b>Limit for:</b>	
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Medical Quarantine Benefit	\$2,500
Emergency Medical Reunion	\$2,000 (incl. hotel/meals, \$150/day)
Reunification Benefit	\$1,000
Security Evacuation (Comprehensive)	\$250,000 (No Aggregate)
24/7/365 Team Assist Package	Included

### Premium Schedule

Age Rated: Yes \_\_\_\_\_ No x

<b>"OTHER" CATEGORY (Non-Study Abroad Travel)</b>	<b>RATES</b>
Participant Monthly	\$69.50
Participant Weekly	\$18.20
Dependents Monthly	\$118.50
Dependents Weekly	\$31.04

#### Additional Notes:

- 1) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."

  
Steve Hopkins, CISI

**On Behalf of VirginiaTech University**

\_\_\_\_\_ Date \_\_\_\_\_

Please complete and fax or email to:

Cultural Insurance Services International  
1 High Ridge Park, Stamford, CT 06905  
[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com), fax: 866 866 4693

*Terms and conditions are briefly outlined in this proposal. Complete provisions pertaining to this insurance are contained in the master policy. In the event of any conflict between this description of coverage and the policy, the policy will govern. Any provision of the policy which, on its effective date, is in conflict with the laws of the governing jurisdiction, is hereby amended to conform to the minimum requirements of such laws. NOTE: The Plans will meet all Mandated Benefits required by the state in which the policy is issued.*

*This is a proposal and not a contract of insurance. Upon acceptance of the proposal, the terms and conditions of your coverage will be detailed in the policy that is issued. If there are any differences between the terms and conditions of this proposal and the policy issued, the policy will govern. The policy is governed by state laws. Certain terms or provisions may be different if required by the laws of that state.*

CONTRACT MODIFICATION AGREEMENT

Date: April 21, 2016

Contract No.: UCP-TS-003-12

Modification No.: Modification 6 and Renewal 5

Issued By: Virginia Polytechnic Institute and State University (Virginia Tech)

Contractor: Cultural Insurance Services International

Commodity: Study Abroad Insurance

This Supplemental Agreement is entered into pursuant to the provisions of the basic contract.

Description of Modification:

1. The contract is hereby modified to reflect Summary of Benefits presented herein. The Summary of Benefits shall be effective for Policy Year 2016-2017 and shall be implemented on July 1, 2016.
2. The contract is hereby renewed for an additional year in accordance with the terms and conditions of the subject contract, ending June 30, 2017.

Except as provided herein, all terms and conditions of Contract Number UCP-TS-003-12, as heretofore changed, remain unchanged and in full force and effect.

Contractor

By:



\_\_\_\_\_  
(Signature)

Steve Hopkins, Senior Account  
Manager

\_\_\_\_\_  
Name and Title

Virginia Tech

By:



\_\_\_\_\_  
Mary W. Helmick

\_\_\_\_\_  
Director of Procurement

**Policy No:**



Underwritten by  
**ACE American Insurance Company,**  
*a member of The ACE Group of Companies*

Proposal Specification Summary

Name of Sponsoring Organization: **Virginia Tech, as a part of the Virginia System Contract**  
**Theresa Johansson**  
**Director of Global Education**  
526 Prices Fork Road (Mail Code 0328)  
Blacksburg, VA 24061  
(540) 231-8205

Group to be Insured: "OTHER" Enrollees Abroad: Travel which includes faculty and staff who are abroad for conferences, meetings, symposiums, or other categories that the University has determined fall outside of the study abroad travel policy

**Policy Year - 7/1/2016 through 6/30/2017**

**Schedule of Benefits**

Accidental Death and Dismemberment	
Per Insured	\$20,000
Aggregate	\$1,000,000
Medical Expense (per Accident or Sickness):	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
Dental Treatment (Injury Only):	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
Pre-existing Conditions Coverage Limit	Covered to \$10,000 primary, then secondary to \$100,000 (Home Country Extension of Benefits Excluded)
Mental and Nervous (Per Lifetime):	\$10,000 outpatient/\$50,000 inpatient
Physiotherapy:	Covered if recommended by a physician and administered by a licensed physiotherapist
Specified Therapies and Spinal Manipulation:	
Outpatient Limit	Max of \$50 per visit up to 10 visits, overall max of \$500
Prescription Drugs (Inpatient/Outpatient)	100% of covered expenses up to basic medical max
Extension of Benefits	30 days
Maternity	Covered if conception occurs while the policy is in force
Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
Home Country Coverage	\$10,000 or up to 30 days (payable as secondary)
Limit for:	
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Medical Quarantine Benefit	\$2,500
Emergency Medical Reunion	\$2,000 (incl. hotel/meals, \$150/day)
Reunification Benefit	\$1,000
Security Evacuation (Comprehensive)	\$250,000 (No Aggregate)
24/7/365 Team Assist Package	Included

## Premium Schedule

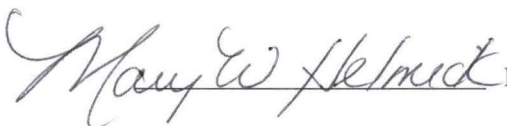
Age Rated: Yes \_\_\_\_\_ No  x

<b>"OTHER" CATEGORY (Non-Study Abroad Travel)</b>	<b>RATES</b>
Participant Monthly	\$69.50
Participant Weekly	\$18.20
Dependents Monthly	\$118.50
Dependents Weekly	\$31.04

### Additional Notes:

- 1) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."

**On Behalf of VirginiaTech University**

 Date 4/20/16

Please complete and fax or email to:

Cultural Insurance Services International  
1 High Ridge Park, Stamford, CT 06905  
[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com), fax: 866 866 4693

*Terms and conditions are briefly outlined in this proposal. Complete provisions pertaining to this insurance are contained in the master policy. In the event of any conflict between this description of coverage and the policy, the policy will govern. Any provision of the policy which, on its effective date, is in conflict with the laws of the governing jurisdiction, is hereby amended to conform to the minimum requirements of such laws. NOTE: The Plans will meet all Mandated Benefits required by the state in which the policy is issued.*

*This is a proposal and not a contract of insurance. Upon acceptance of the proposal, the terms and conditions of your coverage will be detailed in the policy that is issued. If there are any differences between the terms and conditions of this proposal and the policy issued, the policy will govern. The policy is governed by state laws. Certain terms or provisions may be different if required by the laws of that state.*



Underwritten by  
**ACE American Insurance Company,**  
*a member of The ACE Group of Companies*

Proposal Specification Summary

Name of Sponsoring Organization: **Virginia Tech, as a part of the Virginia System Contract**  
**Theresa Johansson**  
**Director of Global Education**  
 526 Prices Fork Road (Mail Code 0328)  
 Blacksburg, VA 24061  
 (540) 231-8205

Group to be Insured: Study Abroad Participants

Estimated Number of Participants Per Year: 1000 Dependents: -0-

Effective Date of Policy: 7 (Month) 1 (Day) 2016 (Year)

**Schedule of Benefits**

Accidental Death and Dismemberment	
Per Insured	\$20,000
Aggregate	\$1,000,000
Medical Expense (per Accident or Sickness):	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
Dental Treatment (Injury Only):	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
Pre-existing Conditions Coverage Limit	Covered to \$10,000 primary, then secondary to \$100,000 (Home Country Extension of Benefits Excluded)
Mental and Nervous (Per Lifetime):	\$10,000 outpatient/\$50,000 inpatient
Physiotherapy:	Covered if recommended by a physician and administered by a licensed physiotherapist
Specified Therapies and Spinal Manipulation:	
Outpatient Limit	Maximum of \$50 per visit up to 10 visits, overall maximum of \$500
Prescription Drugs (Inpatient/Outpatient)	100% of covered expenses up to basic medical max
Extension of Benefits	30 days
Maternity	Covered if conception occurs while the policy is in force
Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
Home Country Coverage	\$10,000 or up to 30 days (payable as secondary)
Limit for:	
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Medical Quarantine Benefit	\$2,500
Emergency Medical Reunion	\$2,000 (incl. hotel/meals, \$150/day)
Reunification Benefit	\$1,000
Security Evacuation (Comprehensive)	\$250,000 (1 Million Aggregate)
24/7/365 Team Assist Package	Included



### Premium Schedule

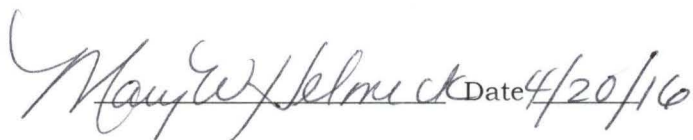
Age Rated: Yes \_\_\_\_\_ No  x

<u>Age Group</u>	<u>Monthly Rate</u>	<u>Weekly Rate</u> (for 1, 2, or 3 weeks)
All Ages	\$34.75	\$9.10
Dependent	\$76.45	\$20.00

#### Additional Notes:

- 1) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."

**On Behalf of University of VirginiaTech**

 Date 4/20/16

Please complete and fax or email to: Cultural Insurance Services International  
1 High Ridge Park, Stamford, CT 06905  
[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com), fax: 866 866 4693

*Terms and conditions are briefly outlined in this proposal. Complete provisions pertaining to this insurance are contained in the master policy. In the event of any conflict between this description of coverage and the policy, the policy will govern. Any provision of the policy which, on its effective date, is in conflict with the laws of the governing jurisdiction, is hereby amended to conform to the minimum requirements of such laws. NOTE: The Plans will meet all Mandated Benefits required by the state in which the policy is issued.*

*This is a proposal and not a contract of insurance. Upon acceptance of the proposal, the terms and conditions of your coverage will be detailed in the policy that is issued. If there are any differences between the terms and conditions of this proposal and the policy issued, the policy will govern. The policy is governed by state laws. Certain terms or provisions may be different if required by the laws of that state.*

CONTRACT MODIFICATION AGREEMENT

Date: November 23, 2015

Contract No.: UCP-TS-003-12

Modification No.: Five (5)

Issued By: Virginia Polytechnic Institute and State University (Virginia Tech)

Contractor: Cultural Insurance Services International

Commodity: Study Abroad Insurance

This Supplemental Agreement is entered into pursuant to the provisions of the basic contract.

Description of Modification:

1. Price: The Plan Summary and Schedule of Benefits is hereby modified to reflect the additional premium schedule for the addition of the groups "Other" as defined and presented herein.

Except as provided herein, all terms and conditions of Contract Number UCP-TS-003-12, as heretofore changed, remain unchanged and in full force and effect.

Contractor

By:



(Signature)

Steve Hopkins, Senior Acct. Mngr

Name and Title

Virginia Tech

By:



Mary W. Helmick

Director of Procurement

Policy No:



Underwritten by  
**ACE American Insurance Company,**  
*a member of The ACE Group of Companies*

Proposal Specification Summary

Name of Sponsoring Organization: **Virginia Tech, as a part of the Virginia System Contract**  
**Theresa Johansson**  
**Director of Global Education**  
526 Prices Fork Road (Mail Code 0328)  
Blacksburg, VA 24061  
(540) 231-8205

Group to be Insured: "OTHER" Enrollees Abroad: Travel which includes faculty and staff who are abroad for conferences, meetings, symposiums, or other categories that the University has determined fall outside of the study abroad travel policy

**\*This will be in effect as of the date of signature on page two of this document. Hereafter, this policy will have an effective date that mirrors the current study abroad policy. That effective date is currently 7/1 – 6/30 each year.**

**Schedule of Benefits**

Accidental Death and Dismemberment	
Per Insured	\$20,000
Aggregate	\$1,000,000
Medical Expense (per Accident or Sickness):	
Deductible	\$0
Benefit Maximum	\$500,000 at 100%
Dental Treatment (Injury Only):	
Accidental Dental	100% of covered expenses up to basic medical max
Emergency (Palliative) Dental:	\$500 maximum ( \$250 per tooth)
Pre-existing Conditions Coverage Limit	Covered to \$10,000 primary, then secondary to \$100,000 (Home Country Extension of Benefits Excluded)
Mental and Nervous (Per Lifetime):	\$10,000 outpatient/\$50,000 inpatient
Physiotherapy:	Covered if recommended by a physician and administered by a licensed physiotherapist
Specified Therapies and Spinal Manipulation:	
Outpatient Limit	Max of \$50 per visit up to 10 visits, overall max of \$500
Prescription Drugs (Inpatient/Outpatient)	100% of covered expenses up to basic medical max
Extension of Benefits	30 days
Maternity	Covered if conception occurs while the policy is in force
Alcohol/drug-related injuries	Covered
Motor Vehicle Accident	Covered
Home Country Coverage	\$10,000 or up to 30 days (payable as secondary)
Limit for:	
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Medical Quarantine Benefit	\$2,500
Emergency Medical Reunion	\$2,000 (incl. hotel/meals, \$150/day)
Reunification Benefit	\$1,000
Security Evacuation (Comprehensive)	\$250,000 (No Aggregate)
24/7/365 Team Assist Package	Included

## Premium Schedule

Age Rated: Yes \_\_\_\_\_ No  x

<b>"OTHER" CATEGORY (Non-Study Abroad Travel)</b>	<b>RATES</b>
Participant Monthly	\$69.50
Participant Weekly	\$18.20
Dependents Monthly	\$118.50
Dependents Weekly	\$31.04

### Additional Notes:

- 1) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."

**On Behalf of Virginia Tech University**

\_\_\_\_\_ Date \_\_\_\_\_

Please complete and fax or email to: Cultural Insurance Services International  
1 High Ridge Park, Stamford, CT 06905  
[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com), fax: 866 866 4693

*Terms and conditions are briefly outlined in this proposal. Complete provisions pertaining to this insurance are contained in the master policy. In the event of any conflict between this description of coverage and the policy, the policy will govern. Any provision of the policy which, on its effective date, is in conflict with the laws of the governing jurisdiction, is hereby amended to conform to the minimum requirements of such laws. NOTE: The Plans will meet all Mandated Benefits required by the state in which the policy is issued.*

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CONTRACT MODIFICATION AND RENEWAL AGREEMENT

Date: June 9, 2015

Contract No.: UCP-TS-003-12

Modification No.: Four (4)

Renewal No.: Four (4)

Issued By: Virginia Polytechnic Institute and State University (Virginia Tech)

Contractor: Cultural Insurance Services International

Commodity: Study Abroad Insurance

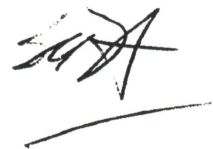
This Supplemental Agreement is entered into pursuant to the provisions of the basic contract.

Description of Modification:

The Plan Summary and Schedule of Benefits is hereby modified to reflect the premium schedule presented herein. This change shall be effective for Policy Year 2015-2016 and shall be implemented on July 1, 2015.

1. Price: The Monthly Rate for Study Abroad Insurance shall be \$34.75. The weekly rate for Study Abroad Insurance shall be \$9.10. The attached Schedule of Benefits Insurance Program Binder for Policy Year 2015-2016 shall be effective upon the renewal date of the contract of July 1, 2015.
2. Virginia Tech agrees to pay an extra premium cost to have the aggregate \$1,000,000/event ceiling removed.
3. In the event that other VASCUPP institutions wish to use the Virginia Tech contract, it is agreed that the aggregate limit for the CISI Security Rider, CISI will allow each Virginia institution to choose whether to add an aggregate limit (currently \$1,000,000 event ceiling) or to pay an extra premium cost (currently \$1/month) to have the aggregate \$1,000,000/event ceiling removed.
4. Renewal of contract for additional year in accordance with the terms and conditions of the subject contract ending June 30, 2016.
5. All spouses and dependents who accompany faculty on study abroad programs may be covered under a separate CISI policy at a higher premium cost.
6. Any spouse documented as serving the program in an official capacity may enroll under the program participant coverage, at the lower cost; noting that in these cases, the contract between the university and the spouse be such that the spouse is bound by the university's rules.
7. It is agreed that Virginia Tech may offer coverage under the VT policy to students and faculty from other universities who participate in VT faculty-led programs, even if those participants are not enrolled in/employed by Virginia Tech.

Except as provided herein, all terms and conditions of Contract Number UCP-TS-003-12, as heretofore changed, remain unchanged and in full force and effect.

A handwritten signature in black ink, appearing to be 'SJA', with a horizontal line underneath it.

Contractor

By:

Steve Hopkins  
(Signature)

Steve Hopkins, CISI  
Name and Title

Virginia Tech

By:

Kimberly Dulaney

Kimberly Dulaney, CPSM  
Assistant Director & Contracts Manager

Policy No: GLM N04983798



Underwritten by
ACE American Insurance Company,
a member of The ACE Group of Companies

Proposal Specification Summary

Name of Sponsoring Organization: Virginia Tech, as a part of the Virginia System Contract
Theresa Johansson
Director of Global Education
526 Prices Fork Road (Mail Code 0328)
Blacksburg, VA 24061
(540) 231-8205

Group to be Insured: Study Abroad Participants

Estimated Number of Participants Per Year: 1000 Dependents: -0-

Effective Date of Policy: 7 (Month) 1 (Day) 2015 (Year)

Schedule of Benefits

Table with 2 columns: Benefit Category and Amount/Details. Rows include Accidental Death and Dismemberment, Medical Expense, Dental Treatment, Pre-existing Conditions, Physiotherapy, Prescription Drugs, Maternity, Security Evacuation, etc.

Handwritten signature/initials


**Premium Schedule**

Age Rated: Yes \_\_\_\_\_ No x

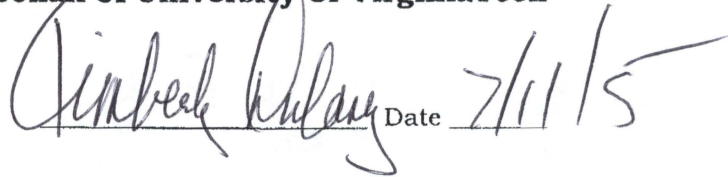
<u>Age Group</u>	<u>Monthly Rate</u>	<u>Weekly Rate</u> (for 1, 2, or 3 weeks)
All Ages	\$34.75	\$9.10
Dependent	\$76.45	\$20.00

**Additional Notes:**

- 1) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."

  
\_\_\_\_\_

**On Behalf of University of VirginiaTech**

  
Date 7/11/15

Please complete and fax or email to: Cultural Insurance Services International  
1 High Ridge Park, Stamford, CT 06905  
[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com), fax: 866 866 4693

*Terms and conditions are briefly outlined in this proposal. Complete provisions pertaining to this insurance are contained in the master policy. In the event of any conflict between this description of coverage and the policy, the policy will govern. Any provision of the policy which, on its effective date, is in conflict with the laws of the governing jurisdiction, is hereby amended to conform to the minimum requirements of such laws. NOTE: The Plans will meet all Mandated Benefits required by the state in which the policy is issued.*

*This is a proposal and not a contract of insurance. Upon acceptance of the proposal, the terms and conditions of your coverage will be detailed in the policy that is issued. If there are any differences between the terms and conditions of this proposal and the policy issued, the policy will govern. The policy is governed by state laws. Certain terms or provisions may be different if required by the laws of that state.*



# Enrollment Confirmation

Date: 7/1/2015

*This is not a bill*

Enrollment For:

**DULANEY, KIMBERLY**  
VIRGINIA TECH  
ACCOUNTS PAYABLE  
NORTH END CENTER, STE 3300  
300 TURNER STREET NW  
BLACKSBURG VA 24061

Status: Enrolled

Student: Dulaney, Kimberly

Title: SWAMFest 11 / Schedule #568315V Term:F2016 Area:CPE Number:467 Subtitle:00 Section:4

Meetings:	Date	Day	Time	Excluding	Instructor	Location
	10/14/2015 to 10/15/2015	W Th	8:00 AM to 5:00 PM			Virginia Beach, VA

Fees:	Type	Description	Invoice Number	Amount Invoiced	Amount Paid	Amount Due	Paid In Full
	Charge	Registration - Early Full Conference- VASCUPP Institutions, State Agencies and Non-profits (ends September 2)	294034	99.00	0.00	99.00	<input type="checkbox"/>
				99.00	0.00	99.00	

**Notes:**

Thank you for registering to attend SWaMFest 11, scheduled for October 14-15, 2015 at the Sheraton Virginia Beach Oceanfront Hotel, 3501 Atlantic Ave. Virginia Beach, VA 23451. The following is important information to ensure your conference experience is successful and enjoyable.

**Schedule**

On-site check-in will be held on Wednesday, October 14th from 3:00pm – 8:30pm, and Thursday, October 15th from 7am – 11:30am. Each participant will be provided with a nametag and conference materials at time of check in. For detailed schedule, go to: [www.swamfest.com](http://www.swamfest.com).

**Lodging**

Participants are responsible for their own lodging. For additional information on travel and lodging, go to [www.swamfest.com](http://www.swamfest.com).

**Hotel Reservations**

VASCUPP has secured room blocks at the Sheraton Virginia Beach Oceanfront Hotel at a special discounted rate of \$94 per night. This special rate is in effect through September 8th on a space-available basis. You are encouraged to take advantage of this special rate as once the room blocks are filled, this rate may no longer be available. Also, the hotel may fill up quickly, so make your reservation early! It is important that you make your reservation no later than September 8th. Room reservations may be made at the rate noted as long as rooms are available in the group block and reservations are made prior to September 8th. After September 8th, rates and room availability cannot be guaranteed. All reservations must be guaranteed with a major credit card. Check-in time is 4 p.m. Check-out time is noon. Guests arriving before check-in time will be accommodated as rooms become available. Should a later departure be necessary, arrangements for the storage of luggage can be made with the front desk.

**To Make Your Hotel Reservation**

All room reservations must be made with the hotel by calling the hotel directly or online at the hotel web site. You must contact the hotel for information, to make, view, modify or cancel your hotel reservations. VASCUPP does not have any information related to any guest hotel reservations. To make reservations, go to: <https://www.starwoodmeeting.com/StarGroupsWeb/res?id=1503042499&key=2EB913E9>

**Cancellations/Substitutions**

Please notify us as soon as possible if you are unable to attend the program. If you are unable to attend, for any reason, another person may be substituted at any time for this program. A cancellation fee of \$25 will be deducted should a substitute not be provided. In the unlikely event that this program is cancelled or postponed due to insufficient enrollments, inclement weather, or unforeseen circumstances, a full refund for registration fees will be issued. VASCUPP cannot be held responsible for any other expenses, including cancellation or change charges assessed by airlines, hotels, travel agencies, or other organizations.

**Weather or disaster related information**

For weather or disaster-related program cancellation or postponement information, please call (540) 231-9489.

For questions about your registration, please contact Jeneen Preston at [jpeneen7@vt.edu](mailto:jpeneen7@vt.edu) or (540)231-6002. For event information, go to [www.swamfest.com](http://www.swamfest.com)

CONTRACT MODIFICATION AGREEMENT

Date: May 13, 2014

Contract No.: UCP-TS-003-12

Modification No.: Three (3)

Issued By: Virginia Polytechnic Institute and State University (Virginia Tech)

Contractor: Cultural Insurance Services International

Commodity: Study Abroad Insurance


This Supplemental Agreement is entered into pursuant to the provisions of the basic contract.


Description of Modification:

The Plan Summary and Schedule of Benefits is hereby modified to reflect the premium schedule presented herein. This change shall be effective for Policy Year 2014-2015 and shall be implemented on July 1, 2014.

1. Price: The Monthly Rate for Study Abroad Insurance shall be \$32.75. The weekly rate for Study Abroad Insurance shall be \$8.50
2. Renewal of contract for additional year in accordance with the terms and conditions of the subject contract ending June 30, 2015.

Except as provided herein, all terms and conditions of Contract Number UCP-TS-003-12, as heretofore changed, remain unchanged and in full force and effect.

Contractor  
By:   
(Signature)  
Steve Hopkins P- C/IS  
Name and Title

Virginia Tech  
By:   
W. Thomas Kaloupek  
Director of Purchasing



ACE, USA

### Plan Summary

Name of Sponsoring Organization: **Virginia Tech**

**c/o Jennifer Quijano Sax**  
Interim Director for Education Abroad  
Outreach and International Affairs, Virginia Tech  
526 Prices Fork Road (0378), Blacksburg, Virginia 24061  
540-231-2114 (ph)

Group to be Insured: Study Abroad Participants

Estimated Number of Participants Per Year: 1000 Dependents: -0-

Effective Date of Policy: 7 (Month) 1 (Day) 2014 (Year)

### Schedule of Benefits

Medical Expense (Accident/Sickness)	\$ <u>500,000</u>
- Deductible per Injury/Illness	\$ <u>0</u>
Accidental Death & Dismemberment	\$ <u>20,000</u>
Emergency Medical Evacuation/ Return of Mortal Remains	\$ <u>250,000</u> evacuation \$ <u>100,000</u> repatriation
Emergency Medical Reunion	\$ <u>10,000</u>
Reunification Benefit	\$ <u>1,000</u>
Paliative Dental	\$ <u>500</u>
Mental/Nervous Coverage	\$ <u>50,000</u> In / \$ <u>10,000</u> Out
Pre-existing Coverage	\$ <u>10,000</u> primary then secondary to \$ <u>100,000</u>
Comprehensive Security Rider	\$ <u>250,000</u>
Medical Quarantine Benefit	\$ <u>2,500</u>
Home Country Coverage	\$ <u>10,000</u>

**Premium Schedule**

Age Rated: Yes \_\_\_\_\_ No  x

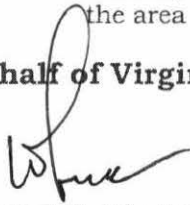
<u>Age Group</u>	<u>Monthly Rate</u>	<u>Weekly Rate</u> (for 1, 2, or 3 weeks)
All Ages	\$32.75	\$8.50

**Remarks:**

- 1) Nervous/mental coverage are covered as any other condition up to \$50,000 for inpatient benefits and up to \$10,000 for outpatient benefits.
- 2) 30 Day extension of benefits /up to 30 days (issues first treated abroad).
- 3) Maternity is covered as any other condition
- 4) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."
- 5) Security Rider extends the evacuation benefit to the following non-medical occurrences:
  1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
  2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or citizens of the Host Country should leave the Host Country;
  3. Verified Physical Attack or a Verified Threat of Physical Attack from a third party;
  4. the Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 7 days of his or her being found
  5. following a natural disaster where "Natural Disaster" means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: is due to natural causes; and results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

**ON Behalf of Virginia Tech**

**On Behalf of CISI**



Date 6/13/14



Date 6-2-14

Complete and scan or fax to the Administrator: Cultural Insurance Services Int'l.  
 1 High Ridge Park  
 Stamford, CT 06905  
 fax: 866 866 4693  
 email: shopkins@culturalinsurance.com

CONTRACT MODIFICATION AGREEMENT

Date: May 2, 2013

Contract No.: UCP-TS-003-12

Modification No.: Two (2)

Issued By: Virginia Polytechnic Institute and State University (Virginia Tech)

Contractor: Cultural Insurance Services International

Commodity: Study Abroad Insurance



This Supplemental Agreement is entered into pursuant to the provisions of the basic contract.


Description of Modification:

The Plan Summary and Schedule of Benefits is hereby modified to reflect the premium schedule presented herein. This change shall be effective for Policy year 2013-2014 and shall be implemented on July 1, 2013.

1. Price: The Monthly Rate for Study Abroad Insurance shall be \$32.75. The weekly rate for Study Abroad Insurance shall be \$8.50.

Except as provided herein, all terms and conditions of Contract Number UCP-TS-003-12, as heretofore changed, remain unchanged and in full force and effect.

Contractor  
By:   
(Signature)  
  
Name and Title

Virginia Tech  
By:   
W. Thomas Kaloupek  
Director of Purchasing

---



ACE, USA

**Plan Summary**

Name of Sponsoring Organization: **Virginia Tech**

c/o Jennifer Quijano Sax  
 Interim Director for Education Abroad  
 Outreach and International Affairs, Virginia Tech  
 526 Prices Fork Road (0378), Blacksburg, Virginia 24061  
 540-231-2114 (ph)

Group to be Insured: Study Abroad Participants

Estimated Number of Participants Per Year: 1000 Dependents: 0

Effective Date of Policy: 7 (Month) 1 (Day) 2013 (Year)

**Schedule of Benefits**

Medical Expense (Accident/Sickness)	\$ <u>500,000</u>
- Deductible per Injury/Illness	\$ <u>0</u>
Accidental Death & Dismemberment	\$ <u>20,000</u>
Emergency Medical Evacuation/ Return of Mortal Remains	\$ <u>250,000</u> evacuation \$ <u>100,000</u> repatriation
Emergency Medical Reunion	\$ <u>10,000</u>
Reunification Benefit	\$ <u>1,000</u>
Paliative Dental	\$ <u>500</u>
Mental/Nervous Coverage	\$ <u>50,000</u> In - / \$ <u>10,000</u> Out
Pre-existing Coverage	\$ <u>10,000</u> primary then secondary to \$ <u>100,000</u>
Comprehensive Security Rider	\$ <u>250,000</u>
Medical Quarantine Benefit	\$ <u>2,500</u>
Home Country Coverage	\$ <u>10,000</u>

### Premium Schedule

Age Rated: Yes \_\_\_\_\_ No  x

<u>Age Group</u>	<u>Monthly Rate</u>	<u>Weekly Rate</u> (for 1, 2, or 3 weeks)
All Ages	\$32.75	\$8.50

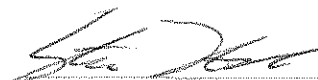
#### Remarks:

- 1) Nervous/mental coverage are covered as any other condition up to \$50,000 for inpatient benefits and up to \$10,000 for outpatient benefits.
- 2) 30 Day extension of benefits /up to 30 days (issues first treated abroad).
- 3) Maternity is covered as any other condition
- 4) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."
- 5) Security Rider extends the evacuation benefit to the following non-medical occurrences:
  1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
  2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or citizens of the Host Country should leave the Host Country;
  3. Verified Physical Attack or a Verified Threat of Physical Attack from a third party;
  4. the Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 7 days of his or her being found
  5. following a natural disaster where "Natural Disaster" means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption; wildfire or other similar event that: is due to natural causes; and results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

**ON Behalf of Virginia Tech**

**On Behalf of CISI**

\_\_\_\_\_ Date \_\_\_\_\_



Date 5/2/2013

Complete and scan or fax to the Administrator: Cultural Insurance Services Int'l.  
River Plaza, 9 West Broad Street  
Stamford, CT 06902-3788  
fax: 866 866 4693  
email: shopkins@culturalinsurance.com

May 3, 2013

Steve Hopkins  
Cultural Insurance Services International  
9 West Broad Street  
Stamford CT 06902-3788

Dear Mr. Hopkins:

Subject: Virginia Tech Contract # UCP-TS-003-12  
Commodity/Service: Study Abroad Insurance

Thank you for responding to my letter of February 14, 2013 and agreeing to renew the contract for an additional year. The contract will now expire June 30, 2014.

The attached form shows your company information as listed in the university's vendor database. If any of this information changes, please make corrections directly on the form, and return to me. It is essential that this information be accurate in order for payments to be processed in a timely manner.

We look forward to working with you for an additional year.

Sincerely,



Kimberly Dulancy  
Assistant Director & Contracts Manager  
Telephone: (540) 231-8543

KDD/kbl

c: F.M. Pro  
Jennifer Quijano Sax  
Guru Ghosh

*Invent the Future*



# VENDOR INFORMATION FORM

TS 003 12

----- for office use -----

Kim Dulaney

Cultural Insurance Services International

**FULL LEGAL NAME**

(Company Name as it appears with your Federal Taxpayer Number)

**FEDERAL TAXPAYER NUMBER**

Na

**BUSINESS NAME/ DBA NAME/TA NAME**

(If different than Full Legal Name)

**FEDERAL TAXPAYER NUMBER**

(If different than ID# above)

Cultural Insurance Services International

**BILLING NAME**

(Company name as it appears on your invoice)

**FEDERAL TAXPAYER NUMBER**

(if different than ID# above)

**PURCHASE ORDER ADDRESS:**

**PAYMENT ADDRESS:**

P O BOX ADDRESS 1

PAYMENT P O BOX ADDRESS 1

9 West Broad Street

9 West Broad Street

STREET ADDRESS 2

PAYMENT STREET ADDRESS 2

Stamford

Stamford

CITY

CITY

CT

06902-3788

CT

06902-3788

STATE

ZIP CODE

STATE

ZIP CODE

Steve Hopkins

CONTACT PERSON

401 921 5135

PHONE NUMBER

shopkins@culturalinsurance.com

EMAIL

866 866 4691

TOLL FREE NUMBER

203 399 5596

FAX NUMBER



VirginiaTech

**Purchasing Department**  
270 Southgate Center (0333)  
Blacksburg, Virginia 24061  
540/231-6221 Fax: 540/231-9628  
[www.purch.vt.edu](http://www.purch.vt.edu)

May 4, 2012

Steve Hopkins  
Cultural Insurance Services International  
9 West Broad Street  
Stamford, CT 06902-3788

Dear Mr. Hopkins:

Subject: Virginia Tech Contract # UCP-TS-003-12  
Commodity/Service: Study Abroad Insurance

Thank you for responding to my letter of April 11, 2012 and agreeing to renew the contract for an additional year. The contract will now expire June 30, 2013.

The attached form shows your company information as listed in the university's vendor database. If any of this information changes, please make corrections directly on the form, and return to me. It is essential that this information be accurate in order for payments to be processed in a timely manner.

We look forward to working with you for an additional year.

Sincerely,

Kimberly Dulaney  
Assistant Director & Contracts Manager  
Telephone: (540) 231-8543

KDD/kbl

c: F.M. Pro  
John Dooley  
Jennifer Quijano Sax

*Invent the Future*

# VENDOR INFORMATION FORM

TS 003 12

----- for office use -----

KIM DULANEY

CULTURAL INSURANCE SERVICES INTERNATIONAL

**FULL LEGAL NAME**

(Company Name as it appears with your Federal Taxpayer Number)

NA

**BUSINESS NAME/ DBA NAME/TA NAME**

(If different than Full Legal Name)

CULTURAL INSURANCE SERVICES INTERNATIONAL

**BILLING NAME**

(Company name as it appears on your invoice)

**PURCHASE ORDER ADDRESS:**

P O BOX ADDRESS 1

9 WEST BROAD STREET

STREET ADDRESS 2

STAMFORD

CITY

CT

STATE

06902-3788

ZIP CODE

STEVE HOPKINS

CONTACT PERSON

SHOPKINS@CULTURALINSURANCE.COM

EMAIL

FEDERAL TAXPAYER NUMBER

FEDERAL TAXPAYER NUMBER

(If different than ID# above)

FEDERAL TAXPAYER NUMBER

(if different than ID# above)

**PAYMENT ADDRESS:**

PAYMENT P O BOX ADDRESS 1

9 WEST BROAD STREET

PAYMENT STREET ADDRESS 2

STAMFORD

CITY

CT

STATE

06902-3788

ZIP CODE

401 921 4691

PHONE NUMBER

866 866 4691

TOLL FREE NUMBER

203 399 5596

FAX NUMBER

CONTRACT MODIFICATION AGREEMENT

Date: July 13, 2011

Contract No.: UCP-TS-003-12

Modification No.: One (1)

Issued By: Virginia Polytechnic Institute and State University (Virginia Tech)

Contractor: Cultural Insurance Services International

Commodity: Study Abroad Insurance

This Supplemental Agreement is entered into pursuant to the provisions of the basic contract.


Description of Modification:

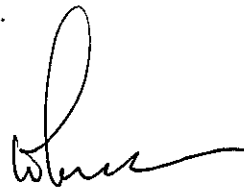
The Proposal Specification Summary is now modified after three errors were discovered on page two in the section titled "Remarks". The errors have been corrected as outlined and the corrected Proposal Specification Summary replaces the original Proposal Specification Summary.

The following changes were made:

1. No. 1 in the Remarks section omitted the second half of the first line which should have described the limit on the nervous/mental coverage. This was correctly stated on page 1 of the Summary but was omitted from the Remarks section. The correct limitations have been added to item no. 1.
2. No. 2 in the Remarks section - The reference to the extension of benefits limit of \$10,000 has been removed.
3. No. 3 in the Remarks section has been removed.

Except as provided herein, all terms and conditions of Contract Number UCP-TS-003-12, as heretofore changed, remain unchanged and in full force and effect.

Contractor  
By:   
(Signature)  
C/ST  
Name and Title

Virginia Tech  
By:   
W. Thomas Kaloupek  
Director of Purchasing

COMMONWEALTH OF VIRGINIA

STANDARD CONTRACT

Contract Number: UCP-TS-003-12

This contract entered into this 13th day of June 2011 by Cultural Insurance Services International (CISI) hereinafter called the "Contractor" and Commonwealth of Virginia, Virginia Polytechnic Institute and State University called "Virginia Tech."

WITNESSETH that the Contractor and Virginia Tech, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

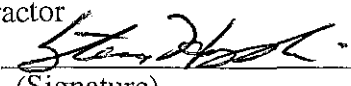
SCOPE OF CONTRACT: The Contractor shall provide the Accident & Sickness Insurance Plan for Study Abroad Programs to Virginia Tech as set forth in the Contract Documents.


PERIOD OF CONTRACT: From July 1, 2011 through June 30, 2012.

COMPENSATION AND METHOD OF PAYMENT: The Contractor shall be paid in accordance with the contract documents.

CONTRACT DOCUMENT: The contract documents shall consist of this signed contract, Request for Proposal (RFP) number 0016394 dated March 8, 2011, together with Addendum Number 1 To RFP dated March 17, 2011, Addendum Number 2 To RFP dated March 22, 2011, the proposal submitted by the Contractor dated April 1, 2011, Virginia Tech's letter dated May 31, 2011, the Contractor's response to Virginia Tech's letter dated June 6, 2011, Virginia Tech's email dated June 8, 2011 and the Contractor's email response dated June 8, 2011 all of which contract documents are incorporated herein.

In WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

Contractor  
By:   
(Signature)  
Steve Hopkins  
Name and Title  
Account Manager  
CISI

Virginia Tech  
By:   
W. Thomas Kaloupek  
Director of Purchasing



Request for Proposal #0016394

for

Accident & Sickness Insurance Plan  
For Study Abroad Programs

March 8, 2011

RFP 0016394  
GENERAL INFORMATION FORM

1. **QUESTIONS:** All inquiries for information regarding this solicitation should be directed to: Kimberly Dulaney. Phone: (540) 231-8543, e-mail: kdulane@vt.edu.
2. **DUE DATE:** Sealed Proposals will be received until Friday, April 1, 2011 at 3:00 PM. Failure to submit proposals to the correct location by the designated date and hour will result in disqualification.
3. **ADDRESS:** Proposals should be mailed or hand delivered to: Virginia Polytechnic Institute And State University (Virginia Tech), Purchasing Department, 270 Southgate Center (0333), Blacksburg, Virginia 24061. Reference the Opening Date and Hour, and RFP Number in the lower left corner of the return envelope or package.
4. **TYPE OF BUSINESS:** (Please check all applicable classifications). If your classification is certified by the Virginia Department of Minority Business Enterprise, provide your certification number: . For certification assistance, please visit: <http://www.dmbc.state.va.us/swamcert.html>.


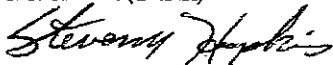
N/A Large

N/A Small business – An independently owned and operated business which, together with affiliates, has 250 or fewer employees or average annual gross receipts of \$10 million or less averaged over the previous three years. Department of Minority Business Enterprise (DMBE) certified women-owned and minority-owned business shall also be considered small business when they have received DMBE small business certification.

N/A Women-owned business – A business concern that is at least 51 % owned by one or more women who are U. S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 % of the equity ownership interest is owned by one or more women who are citizens of the United States or non-citizens who are in full compliance with the United States immigration law, and both the management and daily business operations are controlled by one or more women who are U. S. citizens or legal resident aliens.

N/A Minority-owned business – A business concern that is at least 51% owned by one or more minority individuals (see Section 2.2-1401, Code of Virginia) or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 % of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals and both the management and daily business operations are controlled by one or more minority individuals.

5. **COMPANY INFORMATION/SIGNATURE:** In compliance with this Request For Proposal and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the services in accordance with the attached signed proposal and as mutually agreed upon by subsequent negotiation.

<b>FULL LEGAL NAME (PRINT)</b> <small>(Company name as it appears with your Federal Taxpayer Number)</small> <b>Cultural Insurance Services International</b>		<b>FEDERAL TAXPAYER NUMBER (ID#)</b> 	
<b>BUSINESS NAME/DBA NAME/TA NAME</b> <small>(If different than the Full Legal Name)</small> N/A		<b>FEDERAL TAXPAYER NUMBER</b> <small>(If different than ID# above)</small>	
<b>BILLING NAME</b> <small>(Company name as it appears on your invoice)</small> <b>Cultural Insurance Services International</b>		<b>FEDERAL TAXPAYER NUMBER</b> <small>(If different than ID# above)</small>	
<b>PURCHASE ORDER ADDRESS</b> <b>9 West Broad Street</b> <b>Stamford, CT 06902-3788</b>		<b>PAYMENT ADDRESS</b> <b>9 West Broad Street</b> <b>Stamford, CT 06902-3788</b>	
<b>CONTACT NAME/TITLE (PRINT)</b> <b>Steve Hopkins, Account Executive</b>		<b>SIGNATURE (IN INK)</b> 	<b>DATE</b> <b>March 30, 2011</b>
<b>E-MAIL ADDRESS</b> shopkins@culturalinsurance.com	<b>TELEPHONE NUMBER</b> 401 921 5135	<b>TOLL FREE TELEPHONE NUMBER</b> 866 866 4691	<b>FAX NUMBER TO RECEIVE E-PROCUREMENT ORDERS</b> 203 399 5596

11/10

I. PURPOSE:

The purpose of this Request for Proposal (RFP) is to solicit sealed proposals to establish a contract through competitive negotiations for Study Abroad Accident & Sickness Insurance by Virginia Polytechnic Institute and State University (Virginia Tech), an agency of the Commonwealth of Virginia.

II. CONTRACT PERIOD:

The term of this contract is for one or two year(s), or as negotiated. There will be an option for one or two year renewals, or as negotiated.

III. BACKGROUND:

Virginia Tech wishes to offer a flexible, comprehensive Study Abroad Accident and Sickness Insurance program to participants in the Study Abroad Programs offered through the Office of Education Abroad. These programs take place throughout the year and consist of academic year and semester programs, intersession abroad programs and summer study abroad programs at various locations throughout the world.

Participants are students or employees of the university who are temporarily engaged in educational activities outside of the United States in Virginia Tech sponsored programs.

There are approximately 40 faculty-led programs and up to 25 exchange programs each year. As many as 1200 students participate in the education abroad programs every year, about 800 of these would be on Office of Education Abroad programs. Not all students will be required to purchase Study Abroad Insurance, but those on Office of Education Abroad programs will in most cases be required to purchase insurance or provide proof of comparable coverage.

It will be the student, faculty or staff member's responsibility to acquire Study Abroad Insurance coverage directly from the provider.

IV. EVA BUSINESS-TO-GOVERNMENT ELECTRONIC PROCUREMENT SYSTEM:

The eVA Internet electronic procurement solution streamlines and automates government purchasing activities within the Commonwealth of Virginia. Virginia Tech, and other state agencies and institutions, have been directed by the Governor to maximize the use of this system in the procurement of goods and services. *We are, therefore, requesting that your firm register as a trading partner within the eVA system.*

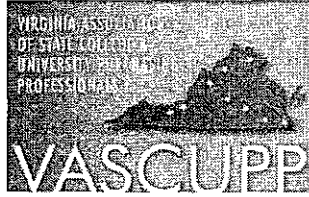
There are registration fees and transaction fees involved with the use of eVA. These fees must be considered in the provision of quotes, bids and price proposals offered to Virginia Tech. Failure to register within the eVA system may result in the quote, bid or proposal from your firm being rejected and the award made to another vendor who is registered in the eVA system.

Registration in the eVA system is accomplished on-line. Your firm must provide the necessary information. Please visit the eVA website portal at <http://www.eva.virginia.gov/register/vendorreg.htm> and **register both with eVA and Ariba**. *This process needs to be completed before Virginia Tech can issue your firm a Purchase Order or contract.* If your firm conducts business from multiple geographic locations, please register these locations in your initial registration.

For registration and technical assistance, reference the eVA website at: [eVACustomerCare@dgs.virginia.gov](mailto:eVACustomerCare@dgs.virginia.gov), or call 866-289-7367 or 804-371-2525.



V. CONTRACT PARTICIPATION:



College of William and Mary  
George Mason University  
James Madison University  
Old Dominion University  
Radford University  
The University of Virginia  
Virginia Commonwealth University  
Virginia Military Institute  
Virginia Tech

It is the intent of this solicitation and resulting contract to allow for cooperative procurement. Accordingly, any public body, public or private health or educational institutions, or Virginia Tech's affiliated corporations and/or partnerships may access any resulting contract if authorized by the contractor.

Participation in this cooperative procurement is strictly voluntary. If authorized by the Contractor, the resultant contract may be extended to the entities indicated above to purchase at contract prices in accordance with contract terms. The Contractor shall notify Virginia Tech in writing of any such entities accessing the contract. No modification of this contract or execution of a separate contract is required to participate. The Contractor will provide semi-annual usage reports for all entities accessing the Contract. Participating entities shall place their own orders directly with the Contractor and shall fully and independently administer their use of the contract to include contractual disputes, invoicing and payments without direct administration from Virginia Tech. Virginia Tech shall not be held liable for any costs or damages incurred by any other participating entity as a result of any authorization by the Contractor to extend the contract. It is understood and agreed that Virginia Tech is not responsible for the acts or omissions of any entity, and will not be considered in default of the contract no matter the circumstances.

Use of this contract does not preclude any participating entity from using other contracts or competitive processes as the need may be.

VI. STATEMENT OF NEEDS:

- A. The policy should provide primary coverage and be good anywhere in the world.
- B. The policy should be able to provide coverage for varying lengths of time. For example, the Study Abroad students may require insurance for a summer term, a semester, an academic year, or a calendar year depending on the length of the student's program.

Short term coverage for periods of 1, 2 or 3 week periods is also required.

- C. The Schedule of Benefits should be as follows:

Accidental Death per Insured Person	\$20,000
Deductible	Zero
Basic Medical	\$500,000 at 100%
Emergency Medical Reunion	\$10,000
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Security Evacuation (Comprehensive)	\$250,000

- D. Covered Expenses:

Expenses incurred as the result of and within 52 weeks of a disablement which are specifically enumerated in the following list of charges and which are not excluded:

1. Charges made by a hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided that expenses do not exceed the hospital's average charge of semi-private room and board accommodation, unless confinement in an intensive care unit is necessary.
2. Charges made for diagnosis, treatment and surgery by a physician.

3. Charges made for the cost and administration of anesthetics.
4. Charges made for an operating room
5. Charges made for Intensive Care or Coronary Care charges and nursing services
6. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusion, iron lungs and medical treatment.
7. Charges for physiotherapy, if recommended by a physician for the treatment of specific disablement and administered by a licensed physiotherapist.
8. Local transportation to or from the nearest Hospital or to and from the nearest hospital with facilities for required treatment.
9. Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician.
10. Therapeutic termination of pregnancy up to \$500 maximum.
11. Expenses incurred for treatment of nervous or mental disorders. Benefits are payable a) up to \$10,000 for out-patient treatment, or b) for inpatient treatment, 50% of eligible charges, 30 days maximum.
12. Chiropractic care limited to 80% of eligible charges up to \$50 per visit and a maximum of 10 visits per injury or illness.
13. Charges for dental expenses due to an accident originating outside the mouth up to \$2,000 maximum.
14. Expenses incurred within an insured person's home country or country of regular domicile up to a maximum of \$10,000
15. Charges for Maternity and newborn care as mandated by the Commonwealth of Virginia.

E. Emergency Medical Evacuation:

Covered expenses incurred up to the maximum of \$250,000 for the necessary emergency evacuation of the insured person.

Emergency evacuation means: a) the insured person's medical condition warrants immediate transportation from the place where the person is injured or becomes ill to the nearest hospital where appropriate medical treatment can be obtained; or b) after treated at a local hospital, the insured person's medical condition warrants transportation to the United States to obtain further medical treatment or to recover.

Covered expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the insured person. All transportation arrangements made for evacuating the insured person must be a) by the most direct and economical conveyance, b) approved in advance by the company. Expenses for special transportation must be: a) recommended by the attending physician, or b) required by the standard regulations of the conveyance transporting the insured person. Special transportation includes, but is not limited to, air ambulance; land ambulance and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending physician. In addition, air fare and lodging expenses will be paid for a family member or designated person to help oversee the evacuation.

F. Repatriation/Return of Remains:

Reasonable covered expenses to return the insured person's body home upon death with a maximum of \$100,000 covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation. In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country.

G. Emergency Dental Expense Benefit:

Up to a maximum of \$250, for bona fide emergency services provided after the sudden onset of a medical condition which manifests itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical care could be reasonably expected to result in: 1) placing the covered person's health in serious jeopardy; 2) serious impairment to bodily function; 3) serious dysfunction of any bodily organ or part.

H. Family Assistance Benefit:

If the insured person requires hospitalization exceeding seven (7) days, round trip air fare and up to \$100 per day for lodging expenses for a family member to provide assistance will be paid.

I. Reunification Benefit:

In the event that an insured person's mother, father, brother or sister dies while the person is participating in the program, airfare up to \$1000 will be paid for the insured to return for a visit home.

J. Post Program Coverage

Medical benefits will automatically extend 30 days after expiration of insurance for conditions first diagnosed or treated or related to the Study Abroad program.

K. Pre-Existing Condition Benefit:

When expenses are incurred because of injury sustained or sickness which first manifested itself prior to the effective date of coverage, benefits will be payable according to the policy schedule up to a maximum of \$2,500. This provision does not apply when the insured is traveling against the advice of his/her doctor or has been diagnosed with a terminal disease (expected to cause death within one year).

HIPAA prohibits plans from applying a pre-existing condition exclusion to pregnancy or genetic information.

L. World Wide Travel Assistance:

Carrier shall provide twenty-four (24) hour access to emergency assistance by calling toll free or collect telephone numbers provided, with calls answered by English speaking staff. Services to include:

1. Referral to the nearest, most appropriate medical facility and/or provider.
2. Medical monitoring by board-certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items, including lost ticket application processing.

M. Exclusions For the Accidental Death and Dismemberment Indemnity:

The policy need not cover any loss, fatal or non-fatal, caused by or resulting from intentional self-inflicted injury; suicide or attempted suicide, while sane or insane; war or any act of war, declared or undeclared; service in the military of any country; illness, disease or any bacterial infection other than bacterial infection occurring from an accidental cut or wound; piloting or riding in any aircraft except as a fare paying passenger on a scheduled airline

- N. Policy must cover random acts of terrorism.
- O. The provider will provide to the University, at the provider's expense, brochures with the university logo. The brochure must contain the major provisions of the policy. The university will provide the logo on award of the contract.
- P. The provider must provide an ID card for each insured person with name and dates of insurance coverage and claim forms. The provider must also provide a confirmation printout of all students enrolled.
- Q. The insured must be able to submit bills and reports in any language without translating the language or providing exhaustive evidence of exchange rates prior to submittal.
- R. The provider must have ready access to medical claims facilities outside the United States.
- S. The provider must maintain a network of qualified, English speaking physicians around the world.
- T. The provider must have an A.M. Best Company rating (or equivalent) of 'A' or above.
- U. The policy must have an accidental death and dismemberment provision of \$20,000.
- V. Term and Rate Increases:

The University intends to use the provider awarded as the result of this proposal for one year, beginning approximately May 1, 2011. After that the University, at its sole discretion, will decide to continue using the awarded provider on a year by year basis or conduct another RFP process to choose a new provider. Rates must be held firm for the first year. Increase in premiums for subsequent years must be disclosed and agreed to by the University 90 days in advance of the requested increase.

W. Administrative Services:

The provider chosen as a result of this proposal will be responsible for working with the Office of Education Abroad to administer the program. Provider will provide a list every participant by name along with the dates of coverage, program and premium charge.

The Provider will collect premiums for coverage directly from students participating in Virginia Tech sponsored programs. The provider is expected to work directly with students. The Office for Education Abroad will provide contact information and brochures to students and it will be the student's responsibility to contact the provider to obtain insurance required to participate in program.

X. Exceptions or Clarifying Information:

Please list on a separate page any exceptions or clarifying information you may have to any of the requirements listed above. Exceptions or clarifications, at the discretion of the University, may result in your bid being declared non-responsive. If no exceptions or clarifications are listed, then the University assumes you can meet each of the requirements as stated above.

VII. PROPOSAL PREPARATION AND SUBMISSION:

A. General Requirements

1. RFP Response: In order to be considered for selection, Offerors must submit a complete response to this RFP. **One original and four copies** of each proposal must be submitted to:

Virginia Tech  
Purchasing Department (0333)  
270 Southgate Center  
Blacksburg, VA 24061

**Reference the Opening Date and Hour, and RFP Number in the lower left hand corner of the return envelope or package.**

No other distribution of the proposals shall be made by the Offeror.

2. Proposal Preparation:

- a. Proposals shall be signed by an authorized representative of the Offeror. All information requested should be submitted. Failure to submit all information requested may result in Virginia Tech requiring prompt submission of missing information and/or giving a lowered evaluation of the proposal. Proposals which are substantially incomplete or lack key information may be rejected by Virginia Tech at its discretion. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.
  - b. Proposals should be prepared simply and economically providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be on completeness and clarity of content.
  - c. Proposals should be organized in the order in which the requirements are presented in the RFP. All pages of the proposal should be numbered. Each paragraph in the proposal should reference the paragraph number of the corresponding section of the RFP. It is also helpful to cite the paragraph number, subletter, and repeat the text of the requirement as it appears in the RFP. If a response covers more than one page, the paragraph number and subletter should be repeated at the top of the next page. The proposal should contain a table of contents which cross references the RFP requirements. Information which the offeror desires to present that does not fall within any of the requirements of the RFP should be inserted at an appropriate place or be attached at the end of the proposal and designated as additional material. Proposals that are not organized in this manner risk elimination from consideration if the evaluators are unable to find where the RFP requirements are specifically addressed.
  - d. Each copy of the proposal should be bound in a single volume where practical. All documentation submitted with the proposal should be bound in that single volume.
  - e. Ownership of all data, material and documentation originated and prepared for Virginia Tech pursuant to the RFP shall belong exclusively to Virginia Tech and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act. However, to prevent disclosure the Offeror must invoke the protections of Section 2.2-4342F of the Code of Virginia, in writing, either before or at the time the data or other materials is submitted. The written request must specifically identify the data or other materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. The classification of an entire proposal document, line item prices and/or total proposal prices as proprietary or trade secrets is not acceptable and may result in rejection of the proposal.
3. Oral Presentation: Offerors who submit a proposal in response to this RFP may be required to give an oral presentation of their proposal to Virginia Tech. This will provide an opportunity for the Offeror to clarify or elaborate on the proposal but will in no way change the original proposal. Virginia Tech will schedule the time and location of these presentations. Oral presentations are an option of Virginia Tech and may not be conducted. Therefore, proposals should be complete.

B. Specific Requirements

Proposals should be as thorough and detailed as possible so that Virginia Tech may properly evaluate your capabilities to provide the required services. Offerors are required to submit the following information/items as a complete proposal:

1. Plan For Providing Services:

Outline services offered. Comment on registration process, deadlines, termination stipulations and requirements to obtain insurance. Provide exclusions to needs on separate page. Outline reporting details and plans on communicating policy. Clearly describe the source/method of determining "Usual, Customary,

and Reasonable Charges. State how the offeror intends to provide the services set forth in the Statement of Needs. Provide a complete copy of the proposed master policy language as described in the Statement of Needs. Provide any other information which the offeror feels the university should consider in the evaluation of its proposal.

2. Price:

Provide a firm, fixed price based on coverage outlined in Statement of Needs for all time frames required. This is to include 1 week, 2 week, 3 week, intersession, semester, academic year, summer and year-long programs. Describe your plan for adjusting premiums during each of the contract renewal years. Identify any exclusions or implementations affecting price.

3. Plan for Implementing Program:

Outline plan for assisting the Office of Education Abroad with implementing a comprehensive Study Abroad Accident and Sickness Insurance Plan program. Comment on the ability to assist students with the enrollment process as well as provide service to students outside of the country. Comment on the ability to provide 24-hour access. Provide plan for distributing brochures. Provide sample literature to be distributed to students.

4. References:

Provide four (4) recent references, either educational or governmental, for whom you have provided the type of services described herein. Include the date(s) the services were furnished, the client name, address and the name and phone number of the individual Virginia Tech has your permission to contact. Provide **A. M. Best Company's** and/or **Standard & Poor's** and/or **Weiss** ratings as well as the financial size category of the insurer for the past five (5) years. Minimum ratings accepted will be an "A" rating from A.M. Best (or equivalent from other companies) and a financial size category of 8.

5. Small, Women-owned and Minority-owned Business (SWAM) Utilization:

If your business can not be classified as SWAM, describe your plan for utilizing SWAM subcontractors if awarded a contract. Describe your ability to provide reporting on SWAM subcontracting spend when requested. If your firm or any business that you plan to subcontract with can be classified as SWAM, but has not been certified by the Virginia Department of Minority Business Enterprise (DMBE), it is expected that the certification process will be initiated no later than the time of the award. If your firm is currently certified, you agree to maintain your certification for the life of the contract. For assistance with SWAM certification, visit the DMBE website at [www.dmbv.virginia.gov](http://www.dmbv.virginia.gov). Any questions relating to SWAM businesses or SWAM subcontracting opportunities can be directed to Mark Cartwright, the University's Assistant Director for Supplier Diversity, at 540-231-3333 or [mcartwright@vt.edu](mailto:mcartwright@vt.edu).

6. The return of the General Information Form and addenda, if any, signed and filled out as required.

VIII. SELECTION CRITERIA AND AWARD:

A. Selection Criteria

Proposals will be evaluated by Virginia Tech using the following:

<u>Criteria</u>	<u>Maximum Point Value</u>
1. Plan for Providing Service	30
2. Price	30
3. Implementation	20

4. References	10
5. SWAM Utilization	10

---

Total 100

B. Award

Selection shall be made of two or more offerors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the Request for Proposal, including price, if so stated in the Request for Proposal. Negotiations shall then be conducted with the offerors so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each offeror so selected, Virginia Tech shall select the offeror which, in its opinion, has made the best proposal, and shall award the contract to that offeror. Virginia Tech may cancel this Request for Proposal or reject proposals at any time prior to an award. Should Virginia Tech determine in writing and in its sole discretion that only one offeror has made the best proposal, a contract may be negotiated and awarded to that offeror. The award document will be a contract incorporating by reference all the requirements, terms and conditions of this solicitation and the Contractor's proposal as negotiated. See Attachment B for sample contract form.

IX. ADDENDUM:

Any ADDENDUM issued for this solicitation may be accessed at <http://www.purch.vt.edu/html.docs/bids.php>. Since a paper copy of the addendum will not be mailed to you, we encourage you to check the web site regularly.

X. CONTRACT ADMINISTRATION:

- A. John E. Dooley, Vice President for Outreach and International Affairs at Virginia Tech or his designee, shall be identified as the Contract Administrator and shall use all powers under the contract to enforce its faithful performance.
- B. The Contract Administrator, or his designee, shall determine the amount, quantity, acceptability, fitness of all aspects of the services and shall decide all other questions in connection with the services. The Contract Administrator, or his/her designee, shall not have authority to approve changes in the services which alter the concept or which call for an extension of time for this contract. Any modifications made must be authorized by the Virginia Tech Purchasing Department through a written amendment to the contract.

XI. TERMS AND CONDITIONS:

This solicitation and any resulting contract/purchase order shall be governed by the attached terms and conditions.

XII. ATTACHMENTS:

- Attachment A - Terms and Conditions
- Attachment B - Standard Contract Form

ATTACHMENT A  
TERMS AND CONDITIONS

**RFP General Terms and Conditions**

[http://www.purch.vt.edu/html.docs/terms/GTC\\_RFP\\_100110.pdf](http://www.purch.vt.edu/html.docs/terms/GTC_RFP_100110.pdf)

**Special Terms and Conditions**

1. **ADVERTISING:** In the event a contract is awarded for supplies, equipment, or services resulting from this bid, no indication of such sales or services to Virginia Tech will be used in product literature or advertising. The Contractor shall not state in any of the advertising or product literature that the Commonwealth of Virginia or any agency or institution of the Commonwealth has purchased or uses its products or services.
2. **AUDIT:** The Contractor hereby agrees to retain all books, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. Virginia Tech, its authorized agents, and/or State auditors shall have full access to and the right to examine any of said materials during said period.
3. **CANCELLATION OF CONTRACT:** Virginia Tech reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 60 days written notice to the Contractor. In the event the initial contract period is for more than 12 months, the resulting contract may be terminated by either party, without penalty, after the initial 12 months of the contract period upon 60 days written notice to the other party. Any contract cancellation notice shall not relieve the Contractor of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation.
4. **IDENTIFICATION OF PROPOSAL ENVELOPE:** If a special envelope is not furnished, or if return in the special envelope is not possible, the signed proposal should be returned in a separate envelope or package, sealed and addressed as follows:

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY  
Purchasing Department (0333)  
270 Southgate Center  
Blacksburg, VA 24061

Reference the opening date and hour, and RFP Number in the lower left corner of the envelope or package.

If a proposal not contained in the special envelope is mailed, the Offeror takes the risk that the envelope, even if marked as described above, may be inadvertently opened and the information compromised which may cause the proposal to be disqualified. No other correspondence or other proposals should be placed in the envelope. Proposals may be hand delivered to the Virginia Tech Purchasing Department.

5. **INDEPENDENT CONTRACTOR:** The contractor shall not be an employee of Virginia Tech, but shall be an independent contractor.

Nothing in this agreement shall be construed as authority for the contractor to make commitments which shall bind Virginia Tech, or to otherwise act on behalf of Virginia Tech, except as Virginia Tech may expressly authorize in writing.

6. **INSURANCE:**

By signing and submitting a proposal under this solicitation, the Offeror certifies that if awarded the contract, it will have the following insurance coverages at the time the work commences. Additionally, it will maintain these during the entire term of the contract and that all insurance coverages will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission.

During the period of the contract, Virginia Tech reserves the right to require the Contractor to furnish certificates of insurance for the coverage required.

**INSURANCE COVERAGES AND LIMITS REQUIRED:**

- A. Worker's Compensation - Statutory requirements and benefits.
- B. Employers Liability - \$100,000.00
- C. General Liability - \$500,000.00 combined single limit. Virginia Tech and the Commonwealth of Virginia shall be named as an additional insured with respect to goods/services being procured. This coverage is to include Premises/Operations Liability, Products and Completed Operations Coverage, Independent Contractor's Liability, Owner's and Contractor's Protective Liability and Personal Injury Liability.
- D. Automobile Liability - \$500,000.00

The contractor agrees to be responsible for, indemnify, defend and hold harmless Virginia Tech, its officers, agents and employees from the payment of all sums of money by reason of any claim against them arising out of any and all occurrences resulting in bodily or mental injury or property damage that may happen to occur in connection with and during the performance of the contract, including but not limited to claims under the Worker's Compensation Act. The



contractor agrees that it will, at all times, after the completion of the work, be responsible for, indemnify, defend and hold harmless Virginia Tech, its officers, agents and employees from all liabilities resulting from bodily or mental injury or property damage directly or indirectly arising out of the performance or nonperformance of the contract.

ATTACHMENT B

Standard Contract form for reference only  
Offerors do not need to fill in this form

COMMONWEALTH OF VIRGINIA  
STANDARD CONTRACT

Contract Number: \_\_\_\_\_

This contract entered into this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, hereinafter called the "Contractor" and Commonwealth of Virginia, Virginia Polytechnic Institute and State University called "Virginia Tech".

WITNESSETH that the Contractor and Virginia Tech, in consideration of the mutual covenants, promises and agreements herein contained, agrees as follows:

SCOPE OF CONTRACT: The Contractor shall provide the \_\_\_\_\_ to Virginia Tech as set forth in the Contract Documents.

PERIOD OF CONTRACT: From \_\_\_\_\_ through \_\_\_\_\_.

COMPENSATION AND METHOD OF PAYMENT: The Contractor shall be paid by Virginia Tech in accordance with the contract documents.

CONTRACT DOCUMENT: The contract documents shall consist of this signed contract, Request For Proposal Number \_\_\_\_\_ dated \_\_\_\_\_, together with all written modifications thereof and the proposal submitted by the Contractor dated \_\_\_\_\_ and the Contractor's letter dated \_\_\_\_\_, all of which contract documents are incorporated herein.

In WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

Contractor: \_\_\_\_\_ Virginia Tech

By: \_\_\_\_\_ By: \_\_\_\_\_

Title: \_\_\_\_\_

# ADDENDUM # 1 TO RFP # 0016394

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY  
PURCHASING DEPARTMENT (0333)  
270 SOUTHGATE CENTER  
BLACKSBURG, VA 24061

DATE	ORIGINAL DUE DATE AND HOUR
March 17, 2011	April 1, 2011 3:00 pm

ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO: Kimberly Dulaney, Assistant Director and Contracts Manager E-MAIL ADDRESS: kdulane@vt.edu TELEPHONE NUMBER (540) 231-8543 FAX NUMBER (540) 231-9628 AFTER HOUR MESSAGES (540) 231-6221
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## Study Abroad Insurance

A. The following questions have arisen for RFP 0016394:

Question 1.: Could you please provide travel details including destinations (specific country) and duration of stays?

Virginia Tech Response: It is impossible to answer this question, because programs change from year to year. In any given year, we have students studying in about 40 different countries. Some programs last only one or two weeks and some programs last an entire semester. Some students will be abroad for an entire year.

Travel destinations in the past have included UK, Ireland, Denmark, France, Germany, Italy, Switzerland, Czech Republic, Sweden, Finland, Norway, Greece, Spain, Portugal, Netherlands, Belgium, Croatia, Slovakia, Russia, Dominican Republic, India, Japan, Morocco, Senegal, Mali, China, Korea, Vietnam, Dubai, Egypt, Malawi, South Africa, Australia, New Zealand, Fiji, Chile, Costa Rica, Belize, Mexico, Brazil, Antarctica, Ecuador, Canada, and more.

Question 2.: Is there are plan in place right now? If so, could you please provide us with the brochure, Enrollment, Premium and Utilization for the past three years?

Virginia Tech Response: There is no historical data as this is a new program for Virginia Tech. Previously students were required to purchase private insurance.

Question 3.: Could you please provide the estimated number of participants that would be insured next year?

Virginia Tech Response: We send about 1200 students abroad every year but not all of them will purchase this insurance. The semester students in Switzerland, Australia, France and Germany (among other countries) are required to purchase the health insurance of that country in order to get a student visa. We are not going to make these students purchase redundant insurance. All of our ISEP students are required to purchase health insurance through ISEP. Almost all of the students participating in provider programs get insurance through their provider. These students will not be required to purchase redundant insurance.

The primary purchasers of this insurance will be students doing faculty-led programs. We can roughly say that there will be about 600-700 students who would need to purchase the insurance during the course of any given year. Most of these students would be doing short-term programs during the summer for about a month to six weeks.

Question 4.: If selected, will the winner be the only vend

B. All other terms, conditions and descriptions remain the same.

C. The due date and hour remains April 1, 2011; 3:00 pm.

FULL LEGAL NAME (PRINT) <small>(Company name as it appears with your Federal Taxpayer Number)</small>		FEDERAL TAXPAYER NUMBER (ID#)	
BUSINESS NAME/DBA NAME/TA NAME <small>(If different than the Full Legal Name)</small>		FEDERAL TAXPAYER NUMBER <small>(If different than ID# above)</small>	
BILLING NAME <small>(Company name as it appears on your invoice)</small>		FEDERAL TAXPAYER NUMBER <small>(If different than ID# above)</small>	
PURCHASE ORDER ADDRESS		PAYMENT ADDRESS	
CONTACT NAME/TITLE (PRINT)		SIGNATURE (IN INK)	DATE
E-MAIL ADDRESS	TELEPHONE NUMBER	TOLL FREE TELEPHONE NUMBER	FAX NUMBER TO RECEIVE E-PROCUREMENT ORDERS

**ADDENDUM # 2 TO RFP # 0016394**  
**VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY**  
**PURCHASING DEPARTMENT (0333)**  
**270 SOUTHGATE CENTER**  
**BLACKSBURG, VA 24061**

DATE March 22, 2011	ORIGINAL DUE DATE AND HOUR April 1, 2011 3:00 pm
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ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO: **Kimberly Dulaney**, Assistant Director and Contracts Manager  
E-MAIL ADDRESS: kdulane@vt.edu TELEPHONE NUMBER (540) 231-8543  
FAX NUMBER (540) 231-9628 AFTER HOUR MESSAGES (540) 231-6221

**Study Abroad Insurance**

A. The following questions have arisen for RFP 006394:

**Question 1:** What are the age ranges (0-18, 19-24, 25-29, etc.) of the participants? Do you want separate pricing for age bands? Separate price for faculty/staff?

*Virginia Tech Response: Most students should be in the "traditional" age range (19-24), but there will certainly be students who fall into all age ranges. It would be ideal if all students were to pay the same rate, no matter the student's age. Separate pricing for faculty and staff would be okay.*

**Question 2:** Any spouse/child coverage?

*Virginia Tech Response: Spouse and child coverage is not one of our primary concerns and it is not necessary but companies can certainly provide it as an option.*

**Question 3:** Confirm if the cost of the health insurance will be included with the tuition bill and payment will be remitted to our company via bulk check from Virginia Tech.

*Virginia Tech Response: Students will likely purchase the insurance individually through the company's website and then show proof of insurance before they are allowed to participate in an education abroad program. We will not be "bulk processing" the purchase of insurance at this point. Individual faculty-led education abroad programs may purchase insurance for all student participants in that particular program.*

B. No other questions will be accepted for this RFP.

C. All other terms, conditions and descriptions remain the same.

D. The due date and hour remains Friday, April 1, 2011, 3:00 pm.

FULL LEGAL NAME (PRINT) <small>(Company name as it appears with your Federal Taxpayer Number)</small>		FEDERAL TAXPAYER NUMBER (ID#)	
BUSINESS NAME/DBA NAME/TA NAME <small>(If different than the Full Legal Name)</small>		FEDERAL TAXPAYER NUMBER <small>(If different than ID# above)</small>	
BILLING NAME <small>(Company name as it appears on your invoice)</small>		FEDERAL TAXPAYER NUMBER <small>(If different than ID# above)</small>	
PURCHASE ORDER ADDRESS		PAYMENT ADDRESS	
CONTACT NAME/TITLE (PRINT)		SIGNATURE (IN INK)	DATE
E-MAIL ADDRESS	TELEPHONE NUMBER	TOLL FREE TELEPHONE NUMBER	FAX NUMBER TO RECEIVE E-PROCUREMENT ORDERS



Cultural Insurance  
Services International

River Plaza | 9 West Broad Street | Stamford, CT 06902-3788  
800-303-8120 | Fax: 203-399-5596 | [www.culturalinsurance.com](http://www.culturalinsurance.com)

Virginia Polytechnic Institute And State University  
Purchasing Department  
270 Southgate Center (0333)  
Blacksburg, VA 24061

Re: CISI RFP Response (Accident & Sickness Insurance Plan for Study Abroad Programs, RFP 0016394)

To Whom It May Concern:

Please find enclosed CISI's Response to RFP 0016394 for Accident & Sickness Insurance for Study Abroad Programs. It is our intent to match or exceed all of the required provisions as set forth in the RFP.

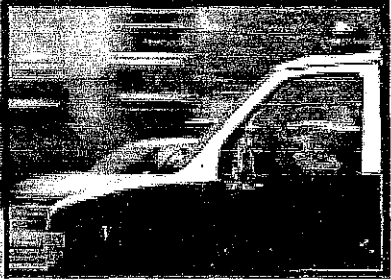
The rate for our plan is \$30.25 per month, and \$8 per week (for short term programs of 1, 2, or 3 weeks). Longer terms will be divided based upon the appropriate number of months.

If there are any questions or if you need additional information, please do not hesitate to contact me at 866 866 4691.

With Kind Regards, I Am

Sincerely Yours,

Steven M. Hopkins



**World Wide International Travel Accident Insurance**  
**Medical Evacuation, Repatriation, Security Evacuation**

Proposal For

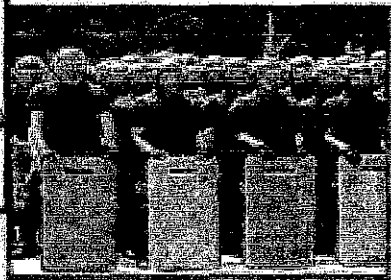
**Virginia Tech**  
*Programs Abroad*

**Submitted by:** Cultural Insurance Services International

**Underwritten by:** The Insurance Company of the State of Pennsylvania,  
A Member of Chartis Insurance

April 1, 2011

This quote is valid for 90 days



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RFP 0016394  
GENERAL INFORMATION FORM

1. **QUESTIONS:** All inquiries for information regarding this solicitation should be directed to: Kimberly Dulaney, Phone: (540) 231-8543, e-mail: kdulane@vt.edu.
2. **DUE DATE:** Sealed Proposals will be received until Friday, April 1, 2011 at 3:00 PM. Failure to submit proposals to the correct location by the designated date and hour will result in disqualification.
3. **ADDRESS:** Proposals should be mailed or hand delivered to: Virginia Polytechnic Institute And State University (Virginia Tech), Purchasing Department, 270 Southgate Center (0333), Blacksburg, Virginia 24061. Reference the Opening Date and Hour, and RFP Number in the lower left corner of the return envelope or package.
4. **TYPE OF BUSINESS:** (Please check all applicable classifications). If your classification is certified by the Virginia Department of Minority Business Enterprise, provide your certification number: . For certification assistance, please visit: <http://www.dmbc.state.va.us/swamcert.html>.

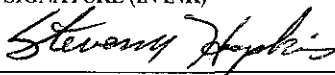
N/A Large

N/A Small business – An independently owned and operated business which, together with affiliates, has 250 or fewer employees or average annual gross receipts of \$10 million or less averaged over the previous three years. Department of Minority Business Enterprise (DMBE) certified women-owned and minority-owned business shall also be considered small business when they have received DMBE small business certification.

N/A Women-owned business – A business concern that is at least 51 % owned by one or more women who are U. S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 % of the equity ownership interest is owned by one or more women who are citizens of the United States or non-citizens who are in full compliance with the United States immigration law, and both the management and daily business operations are controlled by one or more women who are U. S. citizens or legal resident aliens.

N/A Minority-owned business – A business concern that is at least 51% owned by one or more minority individuals (see Section 2.2-1401, Code of Virginia) or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 % of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals and both the management and daily business operations are controlled by one or more minority individuals.

5. **COMPANY INFORMATION/SIGNATURE:** In compliance with this Request For Proposal and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the services in accordance with the attached signed proposal and as mutually agreed upon by subsequent negotiation.

<b>FULL LEGAL NAME (PRINT)</b> <small>(Company name as it appears with your Federal Taxpayer Number)</small> <b>Cultural Insurance Services International</b>		<b>FEDERAL TAXPAYER NUMBER (ID#)</b> <div style="background-color: black; width: 100px; height: 20px;"></div>	
<b>BUSINESS NAME/DBA NAME/TA NAME</b> <small>(If different than the Full Legal Name)</small> <b>N/A</b>		<b>FEDERAL TAXPAYER NUMBER</b> <small>(If different than ID# above)</small>	
<b>BILLING NAME</b> <small>(Company name as it appears on your invoice)</small> <b>Cultural Insurance Services International</b>		<b>FEDERAL TAXPAYER NUMBER</b> <small>(If different than ID# above)</small>	
<b>PURCHASE ORDER ADDRESS</b> <b>9 West Broad Street</b> <b>Stamford, CT 06902-3788</b>		<b>PAYMENT ADDRESS</b> <b>9 West Broad Street</b> <b>Stamford, CT 06902-3788</b>	
<b>CONTACT NAME/TITLE (PRINT)</b> <b>Steve Hopkins, Account Executive</b>		<b>SIGNATURE (IN INK)</b> 	<b>DATE</b> <b>March 30, 2011</b>
<b>E-MAIL ADDRESS</b> shopkins@culturalinsurance.com	<b>TELEPHONE NUMBER</b> 401 921 5135	<b>TOLL FREE TELEPHONE NUMBER</b> 866 866 4691	<b>FAX NUMBER TO RECEIVE E-PROCUREMENT ORDERS</b> 203 399 5596

## Acknowledgements

**RFP Page 3, IV** EVA BUSINESS-TO-GOVERNMENT ELECTRONIC PROCUREMENT SYSTEM:

**CISI has previously registered with the eVA and ARIBA system:  
CULTURAL INSURANCE SERVICES INTERNATIONAL-133687926**

**RFP Page 4, VI** STATEMENT OF NEEDS:

A. The policy should provide primary coverage and be good anywhere in the world.

**CISI policies are primary coverage that are good anywhere in the world.**

B. The policy should be able to provide coverage for varying lengths of time. For example, the Study Abroad students may require insurance for a summer term, a semester, an academic year, or a calendar year depending on the length of the student's program. **Short term coverage for periods of 1, 2 or 3 week periods is also required.**

**CISI has responded with a plan that includes short term program rates for 1, 2, or 3 week programs. Other terms are based upon the number of months abroad. We also include a 5-day grace period for monthly enrollments so participants do not have to pay for a full month if only abroad for a few extra days.**

Monthly Rate:	\$30.25
Weekly Rate (for 1, 2, or 3 weeks):	\$ 8.00 per week

C. The Schedule of Benefits should be as follows:

Accidental Death per Insured Person	\$20,000
Deductible	Zero
Basic Medical	\$500,000 at 100%
Emergency Medical Reunion	\$10,000
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$100,000
Security Evacuation (Comprehensive)	\$250,000

**CISI Meets each of these minimum coverage levels.**

- D. Covered Expenses (1-15): **CISI meets or exceeds each of the covered expenses specified in the RFP**
- E. Emergency Medical Evacuation: **CISI meets the emergency medical evacuation package specified in the RFP.**
- F. Repatriation/Return of Remains: **CISI meets the repatriation/return of remains benefits as specified in the RFP.**

- G. **Emergency Dental Expense Benefit: CISI meets this benefit**
- H. **Family Assistance Benefit: CISI meets this benefit**
- I. **Reunification Benefit: CISI meets this benefit**
- J. **Post Program Coverage: CISI meets this benefit**
- K. **Pre-Existing Condition Benefit: CISI exceeds this benefit (providing \$10,000 of primary coverage and up to \$100,000 of total coverage for pre-existing conditions.**
- L. **World Wide Travel Assistance: CISI meets or exceeds this benefit**
- M. **Exclusions For the Accidental Death and Dismemberment Indemnity: CISI includes these exclusions for the ADD benefit only. CISI does cover loss due to self-inflicted injuries, suicide, and attempted suicide for medical claims, evacuation claims, and repatriation claims.**
- N. **Policy must cover random acts of terrorism. CISI meets or exceeds this benefit**
- O. **The provider will provide to the University, at the provider's expense, brochures with the university logo: CISI meets or exceeds this benefit.**
- P. **The provider must provide an ID card for each insured person with name and dates of insurance coverage and claim forms. The provider must also provide a confirmation printout of all students enrolled. CISI meets or exceeds this benefit.**
- Q. **The insured must be able to submit bills and reports in any language without translating the language or providing exhaustive evidence of exchange rates prior to submittal. CISI meets this requirement.**
- R. **The provider must have ready access to medical claims facilities outside the United States. CISI meets this requirement.**
- S. **The provider must maintain a network of qualified, English speaking physicians around the world. CISI meets this requirement.**
- T. **The provider must have an A.M. Best Company rating (or equivalent) of 'A' or above. CISI meets this requirement.**
- U. **The policy must have an accidental death and dismemberment provision of \$20,000. CISI meets this benefit.**
- V. **Term and Rate Increases: CISI agrees to these terms.**
- W. **Administrative Services: CISI agrees to these terms**
- X. **Exceptions or Clarifying Information: No exceptions are necessary.**

## **SPECIFIC REQUIREMENTS**

### **RFP VII, Page 8, Section B. 1. Plan For Providing Services:**

**Outline services offered. Comment on registration process, deadlines, termination stipulations and requirements to obtain insurance. Provide exclusions to needs on separate page. Outline reporting details and plans on communicating policy. Clearly describe the source/method of determining "Usual, Customary, and Reasonable Charges. State how the offeror intends to provide the services set forth in the Statement of Needs. Provide a complete copy of the proposed master policy language as described in the Statement of Needs. Provide any other information which the offeror feels the university should consider in the evaluation of its proposal.**

## **SERVICES PROVIDED**

Cultural Insurance Services International (CISI) is the industry leader in study abroad health insurance plans. We are the only company in the US that specializes in providing insurance within this niche of the higher education market. We will use our special expertise to provide the best service possible.

CISI is submitting this proposal to provide health insurance, assistance services, claim administration, 24-hour multilingual phone support, and online tools to Virginia Polytechnic Institute and State University. It is our intent to provide comprehensive medical coverage and the best service available.

## **SPECIALIZED STAFF**

CISI staff members are trained specifically to provide support for study abroad health and safety issues and for handling claims unique to study abroad. All claims are handled in-house, by full-time CISI employees. Our Emergency Coordinator acts as a liaison between our assistance company and all interested parties in times of crises. Each account is assigned an Account Executive who acts as a primary contact for any issues involving any aspect of the insurance policy and support provided by CISI.

Should this contract be awarded to CISI, Steve Hopkins will serve as the primary contact for the account in the upcoming years. He will manage enrollments and billing, and will be available to University officials for any and all questions including coverage, policies, and claims.

## **BROAD COVERAGE**

CISI is an insurance company that deals almost exclusively with students. Therefore, all of our plans are designed with students in mind – with student activities, student risks, and student judgment in mind. Together, with CISI's Emergency Coordinator, Account Executive, and in-house claims and support staff, we offer a complete suite of travel, emergency and personal assistance services that have been specifically designed for university study abroad participants.

## **MEDICAL AND TRAVEL ASSISTANCE**

The Team Assist Plan was designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. CISI has chosen Chartis Global Travel Assist for the assistance role because they offer unmatched global expertise through an international network of service centers and the expertise of their highly skilled, multilingual staff. The Team Assist Plan complements the insurance benefits provided in the plan.

## **INTERNATIONAL PROVIDERS**

Our approach is different from other insurance companies -- students should not have to contact a company in the US prior to seeking treatment in order to secure pre-approval for a procedure or a list of approved providers. Instead, CISI allows students to seek treatment where they are comfortable. There is no penalty for visiting a non-network doctor, no penalty for visiting a private doctor or clinic operating outside of the socialized system of that country, and no penalty for visiting specialists that were unwilling to sign network contracts. We endeavor to pay claims directly to all foreign providers.

CISI does provide support for students seeking qualified doctors. We maintain a network of doctors and medical providers that currently includes more than 10,000 entries all over the world. Our website also has links to medical providers recommended by US Embassies abroad and our assistance line is reachable 24 hours a day with comprehensive lists of doctors and hospitals all over the world. However, there is no discount or mark-up for visiting a recommended provider, no income stream to CISI when our recommendations are used, and no penalty for using a provider of one's own choosing.

## **SECURITY ASSISTANCE**

In addition to providing health, medical, and travel assistance services, CISI is proud to offer a comprehensive security package through Red24. Our Comprehensive Security Rider provides a \$250,000 evacuation benefit for the following non-medical occurrences:

1. Expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
2. Political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or citizens of the Host Country should leave the Host Country;
3. Verified Physical Attack or a Verified Threat of Physical Attack from a third party;
4. The Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 7 days of his or her being found.
5. Natural Disaster means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that is due to natural causes and results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

This security coverage includes boots-on-the-ground support as needed – something that differentiates this security package from most others offered in this niche of the insurance field. Also included is access to telephone support and written security reports.

## **TWO CISI WEB TOOLS THAT COULD BE AN IDEAL FIT FOR VIRGINIA TECH**

**SELF-ENROLLMENT PORTAL:** CISI has a web tool available to clients that allows for a program participant to visit the website, sign up for insurance, and pay for the insurance. Once signed up, the participant will receive an electronic card and brochure, and they will gain access to the CISI website where they will have access to a variety of tools and support. The University can view a roster of those who have purchased coverage by using an administrative webpage.

**HARD WAIVER PORTAL:** CISI also has a web tool available to clients that can be used to institute a hard waiver process. This hard waiver portal lists the minimum requirements for a waiver to be obtained, provides waiver and appeal forms, and keeps track of participants who request waivers. Participants wishing to waive out of coverage, upload copies of their existing insurance plan, and CISI personnel enter notes into the system explaining whether the submitted plan meets the minimum requirements mandated by the University. The University can view waiver requests (and can alter status/approve requests/etc) via an administrative webpage. Generally, the Account Executive assigned to your group reviews the waiver requests. In this case, that would be Steve Hopkins.

Figure 1: CISI's Self-Enrollment Portal

**CISI**  
Cultural Insurance Services International

myCISI

Welcome to the Cultural Insurance Services International's (CISI) Portal

**For Individuals**

- Enroll yourself (with a valid credit card)
- Get ID card and consulate letter instantly upon successful completion of our easy step-by-step enrollment process.
- Get detailed coverage brochure with claim form

**Self-Enrollment Overview**

The Self-Enrollment process lets participants of an international education program enroll themselves directly in the customized group insurance plan created for the Institution sponsoring their program (with a valid credit card).

Upon successful completion of self-enrollment, you will receive an email from "CISI Enrollments" containing your personalized ID card and consulate letter as well as a detailed coverage brochure with claim form.

[Apply Online Now](#)

Need Help?  
 Email CISI enrollments@culturalinsurance.com  
 or call toll-free (800) 303-8120

International Phone Cards  
 eKit provides international cell phones and phonacards at a discounted rate for our participants. [Click here](#)

Privacy Policy  
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Figure 2: An existing CISI Hard Waiver site (University of South Carolina)

**CISI Portal**

Insurance Waiver, Programs Abroad

Need Help?  
 (800) 303 - 8120 ext. 5134  
 Email us at enrollments@culturalinsurance.com

**University of South Carolina, Programs Abroad**

The University requires all study abroad students to purchase and maintain continuous insurance while studying and traveling overseas.

University students may enroll in the Cultural Insurance Services international (CISI) group insurance policy below, or must provide proof alternate insurance that meets or exceeds the benefits listed to the right.

**Enroll in the CISI Group Insurance Policy:**

**Coverage Details**  
 Coverage Start Date 30-Apr-2010  
 Coverage End Date 15-Feb-2011

Medical benefit	\$250,000 per person/annuity
Annual limit	None
Deductible	None
Copay	None
Mental/nervous benefit	To policy limit
Prescription benefit	To policy limit
Evacuations	\$500,000
Return of mortal remains	\$600,000
Security evacuation	\$100,000

**Premium Information**

Policy Number	Plan Type	Period(s)	Rate	Premium
09-018-01111111	MONTHLY-PARTICIPANT ONLY	10		\$0

I decline to purchase the insurance plan above and wish to proceed with the waiver process by providing proof of insurance.

[Previous](#) [Next](#)

## OTHER SERVICES

### A. On-Line Tools and Support

CISI provides, at no additional cost to the university, comprehensive and customized Client and Participant Portals. Both the Client and Participant Portals are accessible via the following CISI website homepage <http://www.culturalinsurance.com/>

#### Client Portal Menu Functionalities:

- **Account Information**-view/change where invoices are mailed and view/change your Client Portal Password.
- **Participant Search**-allows you to view/verify enrollment and coverage dates for any of your participants which have already been enrolled with us. You also have the ability from here to print and/or e-mail a personalized ID card for one or more students.
- **Add Enrollments**-allows you to add individual enrollments or to upload enrollment spreadsheets directly to the secure portal environment where they will be automatically processed by our enrollment system 24-7-365. An Excel spreadsheet is provided for the university's use when enrolling groups of students via the Client Portal.
- **Closed InvoiceSearch**-allows you to view/print/e-mail the invoice cover sheet, detail and personalized ID cards for a selected invoice, which has already been finalized (closed).
- **Policy Materials**-allows you to access/view/print the current and prior year's coverage brochure with claim form as well as a customizable consulate letter.
- **Resources and Links**-provides one-stop access to the following resources and links:
  - by country to U.S. Embassy websites
  - by country to U.S. Department of State, Consular Information sheets
  - by country to U.S. Department of State, Country Profiles
  - by country to Center for Disease Control (CDC), Travelers' Health Profiles
  - by country to U.S. Department of State, Travel Warnings
  - by city to English speaking doctors overseas
  - to other useful links (i.e. Center for Disease Control (CDC), Office of Foreign Assets Control (OFAC), U.S. Department of State, and World Health Organization (WHO) ).
- **Personal Security Assistance**-provides access to the security website where up to the moment security and safety related tools and information are available.

### B. Red24 Personal Security Assistance

In addition to providing security evacuation coverage options for group members, Red24 also provides a member website, where up to the moment security and safety related tools and information are available. Participants may access this site free of charge via the CISI Web Portals – which allows for seamless movement from the CISI site to the Red24 site. Tools include:

- **Travel Safety Website:** Search your intended destination before you go, for any safety or security concerns, including areas in which extra vigilance is advised, getting around information, helpful security tips and important contact details.
- **Daily News:** Subscribe to daily email reports covering political instability, civil unrest, disease outbreaks, crime patters, and terrorism news from around the world.
- **Travel Safetv Email Alerts:** Sign up to receive email alerts, regarding any significant safety or



security developments in your travel destination.

- **Travel Safety Briefings:** Request a report on your intended travel destination, including any safety and security issues for that city region or country, plus any security precautions that should be adopted to avoid those risks.
- **24-Hour Security Assistance:** Quick contact links to aid users in reaching a Red24 security specialist to discuss any safety concerns for your travel location or if you need immediate assistance while you are away.

## REGISTRATION/ENROLLMENT PROCESS

CISI has a flexible and diverse set of enrollment processes. Each of these processes will be available to Virginia Tech. It is our understanding that the University plans for most enrollments to use Option No. 3 below.

1. **University Initiated Enrollments (Large Numbers):** CISI can provide a template for enrollments that can be completed by University personnel (at some Universities these forms are completed by accompanying faculty, or the study abroad office, or risk management). Once completed, the form can be emailed to our enrollment team or uploaded via our secure website.
2. **University Initiated Enrollments (Small Numbers):** Enrollments may be entered directly into the CISI enrollment system via the University administrative page. University personnel could use this form to enter enrollment information and immediately receive a confirmation that the enrollment has been processed (and immediately receive access to printable ID cards and consulate confirmation of coverage letters)
3. **Individual Enrollments:** Individuals may visit the Self-Enrollment Portal and sign up for coverage. They will receive a confirmation email and an electronic ID card. The University may monitor enrollees (and confirm whether coverage has been secured) via an administrative page.

### Enrollment Deadlines:

For enrollments initiated by the University, CISI does not require pre-payment and enrollments may be backdated if necessary. Basically, the University has the ability to bind coverage so if a student enters an office at 4pm on a Friday to announce a Saturday departure, the University can secure coverage immediately (even if CISI doesn't receive notice of that enrollment until the following week). Further, CISI will invoice the University and payment is permissible per normal University billing/payment processes (30, 60, or even 90 days). Basically, if a program begins on March 1, insurance will begin on March 1 (even if CISI is notified of the enrollment on March 3 and actually paid in May).

However, if the University does not secure coverage for the participants, CISI requires that payment be forwarded prior to insurance coverage beginning. Thus, if a program begins on March 1, but payment is received on March 3 – coverage would begin on March 3. \*The reasoning for this difference between University-initiated enrollments and Participant-initiated enrollments is the financial strength of the University and their/your assurance that invoices WILL be paid. CISI is willing to work with the University to alter this process and procedure as needed.

### Cancellations / Date Changes:

With CISI, one only pays for the insurance one actually uses. That is, all premium is refundable if the trip is cancelled (for any reason), and premium for months not used can be refunded if one returns home early (or departs later than expected).

## EXCLUSIONS TO STATEMENT OF NEEDS

CISI has met all of the minimum requirements listed in the Statement of Needs.

### **“USUAL AND CUSTOMARY”**

*Under the policy “Reasonable and Customary” is defined as the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company’s determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.*

**In most instances abroad, there is no established standard of Usual and Customary or Reasonable and Customary, so we are unable to make any determination. In a vast majority of instances, CISI pays full invoice value for claims abroad. In locations where such standards have been established and published (or in cases of clear fraud), CISI will endeavor to work directly with the provider to settle these issues.**

### REPORTING TO THE UNIVERSITY

**CISI stands ready to produce reports as requested by the University. We will work with the Office of Education Abroad to provide whatever information is necessary to administer this program. Further, most key information is available on the CISI website via an administrative page available to University personnel (so reports may be downloaded directly from the website as needed). Via that administrative page, University personnel are able to view the following (and more):**

- 1) A roster of enrolled students, a breakdown of students who have enrolled via the Self-Enrollment portal (listing of participants, coverage dates, program info, premium, etc)**
- 2) a listing of everyone who has applied for a waiver and the status of that request and a copy of documents presented in support of that request (assuming the University chooses to use our Hard Waiver Portal)**
- 3) a listing of ALL pending and closed invoices and payment status**
- 4) the explanations of each invoice (including the name of the participant, the coverage dates, the amount charged, program information, and the method by which the enrollment was received)**

**CISI’s Account Executive will be available to answer question about all aspects of the CISI plan and CISI service. The Account Executive is accountable to the University and is the primary contact for the University. In addition, CISI has a claims staff, an enrollment team, and an emergency coordinator and will provide contact information for one key individual in each department who can be a resource for University personnel when needed.**

## **PROVIDING INFORMATION TO THE PLAN PARTICIPANTS**

CISI has comprehensive tools available via our website. The key will be notifying students that coverage is in place, how to enroll and pay for that coverage, and how to access the website so that those tools are easily accessible.

CISI stands ready to work with the University to help with this notification in whatever way possible. Most of our clients leverage their existing marketing materials as well as departmental contacts and their own intranet in order to relay insurance information to the students. We also have access to tools for email blasts, a tech team that can create co-branded web pages, and we can help with online or on-site orientations of University staff, Office of Education Abroad staff, or professors preparing to lead students abroad.

Each University is a little different. We will listen and be responsive to your needs as we learn more.

## **PERFORMANCE (PROVIDING THE SERVICES SET FORTH IN THE STATEMENT OF NEEDS)**

CISI is an industry leader in providing study abroad health insurance plans to American universities. We are the only company that specializes in insurance for programs abroad (with a vast majority of our business focused on this little niche of the international education business). We handle all claims in-house with full-time CISI personnel, we pay claims directly to foreign providers (and we endeavor to work with ALL foreign providers), and our claims staff/service staff/enrollment staff/and administration all focus on study abroad issues every day.

To put that another way, over the last decade we have worked with more study abroad clients, handled more study abroad claims, paid more study abroad claims to foreign providers, handled more study abroad student evacuations, handled more death claims, and handled more study abroad security evacuations than any other provider in the U.S. This is what we do and we take great pride in it.

The insurance and service package set forth in the Statement of Needs is robust - But it is not beyond our capabilities or beyond what we routinely offer to other major University programs in the U.S. We are able to match the requested schedule of benefits (including some program enhancements highlighted later in this document), we have no issues with the specified term lengths or with the various covered expenses and special benefits outlined therein, and as indicated previously - we require no exceptions and can provide all that has been requested.

## **MASTER POLICY**

The full master policy is attached later in this document.

RFP VII, Page 9, Section B, 2. Price:

Provide a firm, fixed price based on coverage outlined in Statement of Needs for all time frames required. This is to include 1 week, 2 week, 3 week, intersession, semester, academic year, summer and year-long programs. Describe your plan for adjusting premiums during each of the contract renewal years. Identify any exclusions or implementations affecting price.

MONTHLY RATE: \$30.25

SHORT TERM WEEKLY RATE: \$ 8.00

(\*for 1, 2, or 3 week programs)

CISI is offering the attached plan for a monthly premium rate of \$30.25. This rate includes the comprehensive insurance coverage, evacuation, return of mortal remains, security coverage, and our Team Assist 24/7 support.

For monthly enrollments, a 5 day grace period is also provided so that (as an example) enrollments that begin on the 5th of a month can be extended until the 10th of the final month without being charged for the final 5 days.

In addition, the weekly rate is being offered for short term programs of 1, 2, or 3 weeks in length. The weekly rate is \$8.00 and includes all of the same coverages as the monthly rate.

Enrollments of greater than 1 month (plus the grace period of 5 days) will be charged per the monthly rate. Thus, semester, academic year, summer, and year-long programs would all be divided into the appropriate number of months and multiplied by the monthly rate shown above.

It is always the intent of CISI to keep rates stable from year to year. A vast majority of CISI groups are renewed each year without any change to plan or rate. That said, our determination for altering rates must be based upon the loss history of a group. We will work with the University to provide as much notice as possible and clearly both the University and CISI reserve the right not to offer a renewal in future years if the relationship is not mutually beneficial.

RFP VII, Page 9, Section B, 3. Plan for Implementing Program:

Outline plan for assisting the Office of Education Abroad with implementing a comprehensive Study Abroad Accident and Sickness Insurance Plan program. Comment on the ability to assist students with the enrollment process as well as provide service to students outside of the country. Comment on the ability to provide 24-hour access. Provide plan for distributing brochures. Provide sample literature to be distributed to students.

The implementation of a large study abroad contract is a group effort for CISI. However, this is not an effort that is new to us. The enrollment system needs to have VirginiaTech plan data in place in time to enter enrollment data before the first trip departs – and ideally before we begin to receive informational calls from students. It is the responsibility of the Account Executive to distribute the plan summary to the key personnel. Ellen Vetrano (Claims Operations Manager) is then in charge of creating the appropriate entry in our enrollment system and prepping the staff to be prepared to answer questions about the coverage package.

The claims system also needs to have University plan data in place prior to the first claim being filed. The Account Executive's summary will be used by Ellen Vetrano (Claims Operations Manager) to create the account and to prep the claims staff.

Materials need to be created and the web portals need to be setup. The Account Executive has the direct responsibility of creating the brochure. After approval by the underwriter, the brochure file is then forwarded to our marketing department for printing. Cards and claim forms are adapted from existing templates and added to the hard copies of the brochure to be mailed to the University. The electronic brochure is uploaded to our website. The portals themselves are generated via an automated process, so once the brochure is created, very little time is needed to have the portals fully functional.

Assisting students with enrollment process. We currently have a Self-Enrollment process working with other Universities. That portal is as simple as possible and isn't a problem for most student users. Further, instructions and help tools are available on the website, and our staff is available via phone and email to answer specific questions. We also stand ready to work with the University to create materials specific to VirginiaTech to be used to help your students as they enroll.

Licensing verification and rules. When a new client is added, we routinely verify that licenses for CISI, the Account Executive, and the Underwriter are all up to date for the State where the client is located. CISI has other clients in the State of Virginia and believe we are up to date, but the check will be conducted anyway. We would also verify with the underwriter's legal department that their normal mechanism of filing meets the regulations in place in Virginia.

VirginiaTech Office of Education Abroad staff will be consulted so that appropriate processes are established for everything from general communication, to emergency contacts, to billing contacts. This is likely something that can be handled over the phone, but depending upon the number of staff involved, a visit may be arranged for training purposes. On the CISI side, Steve Hopkins (the Account Executive) will be the primary contact throughout the process (Steve Hopkins is also responsible for the creation of this RFP response, and was the primary contact with the underwriter concerning this bid response).

Despite the enormity of the process, full implementation can be expected within a matter of weeks.

**SERVICE, QUALITY CONTROL, REGULAR REVIEWS:**

Our main focus at Cultural Insurance Services International (CISI) is to provide exceptional service and support to our clients. We take great pride in our immediate follow through.

We have bi-weekly staff meetings to familiarize ourselves with our client's policies and specific needs. Our Benefit Analysts as well as Customer Support Representatives can be reached directly by phone or email, and they are also a part of an Automatic Call Distribution (ACD) phone system that maintains immediate attention to the callers. Additionally, our Account Managers, Claim Operations Manager, Director of Operations and Senior Vice President have close relationships with our 24-hour medical/ travel/ security assistance provider and are in frequent communication with them via e-mail and phone.


CISI requests feedback from our clients informally throughout the year by regular follow-up e-mails, phone calls, meetings at international educator conferences as well as through a formal on-line survey that is sent out yearly by e-mail. Recent survey statistics show that 99% of our current customers rate our service as excellent or good. Additionally, 98% of our clients would recommend our program and claims service.

Providing exceptional support to our customers remains our primary focus. It is our pleasure to offer outstanding service.

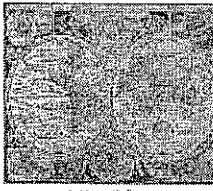
A formal quality assurance program exists whereby claims are randomly selected for review each day for each claims processor. Quality goals and measurements are in line with industry standards. Thresholds for acceptable quality results are 95% for procedural accuracy and 98% for financial accuracy. Our Benefit Analyst's results are meeting these standards.

The most important standard communication document provided by CISI is our policy brochure. This document contains the full policy language and is designed to clearly outline the coverage package. Our brochures (including front and back) are printed on six standard 8.5 by 11 pages. This document can be distributed to insureds in hard copy, via email, or via download from our website. The same document could be provided to parents, prospective students, and other interested parties.

Information is also relayed to students and University staff via our online Portals. The capabilities of the portals are described in some detail as an addendum to this document.



**World Class Coverage Plan**



designed for

**Board of Regents University of Wisconsin System**  
Study Abroad and Exchange Abroad Programs  
2008-2009

administered by Cultural Insurance Services International • Elmer Plaza • 9 West Broad Street • Stamford, CT 06902-3788  
This plan is administered by The Insurance Company of the State of Pennsylvania, a member of the AIG Companies

Policy terms and conditions are available on the Department of Geology, Exchange Operations planning in Wisconsin or contact us for Master Policy on file with the travel AIG Group Insurance Trust, Washington, D.C., and the Participating Organization. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits Policy number Policy#1116609	
<b>Section I</b>	
• Accidental Death Per Insured	215,000
• Medical Expense (per Accident or Sickness)	
Deductible	200
Basic Medical	\$200,000 or 100%
• Emergency Medical Evacuation	25,000
<b>Section II</b>	
• Medical Education/Rehabilitation	\$100,000
• Return of Mortal Remains	250,000
• AIG Artist PCIB 9111660	
<b>Section III</b>	
• Security Evacuation (Comprehensive)	\$100,000

**Section I - Benefit Provisions**  
Benefits are payable under this Policy for Covered Expenses incurred by an Insured Person for the amounts in the Schedule of Benefits. Benefits shall be payable to either the Insured Person or the Beneficiary for Covered Expenses, subject to the following: The first such

coverage must be incurred by an Insured within 30 days after the date of the Accident or commencement of the Sickness, and  
 • All expenses must be incurred by the Insured within 90 days from the date of the Accident or commencement of the Sickness, and  
 • The Insured must remain continuously insured under the Policy for the duration of the treatment.  
 The Insured consented herein that in no event shall any amount of such benefit which are in excess of reasonable and customary charges, if the charges incurred in excess of such average charge schedule of charges shall not be recognized as a Covered Expense. All charges shall be covered to be incurred on the date both services or supplies which give rise to the expense or charge, are rendered or furnished.

**Accidental Death and Dismemberment Benefit**  
**Accidental Death Benefit:** If injury to the Insured results in death, within 90 days of the date of the accident that caused the injury, the Company will pay 100% of the Maximum Amount.  
**Accidental Dismemberment Benefit:** If injury to the Insured results, within 90 days of the date of the accident that caused the injury in any one of the losses specified below, the Company will pay the percentage of the Maximum Amount shown below for the loss.

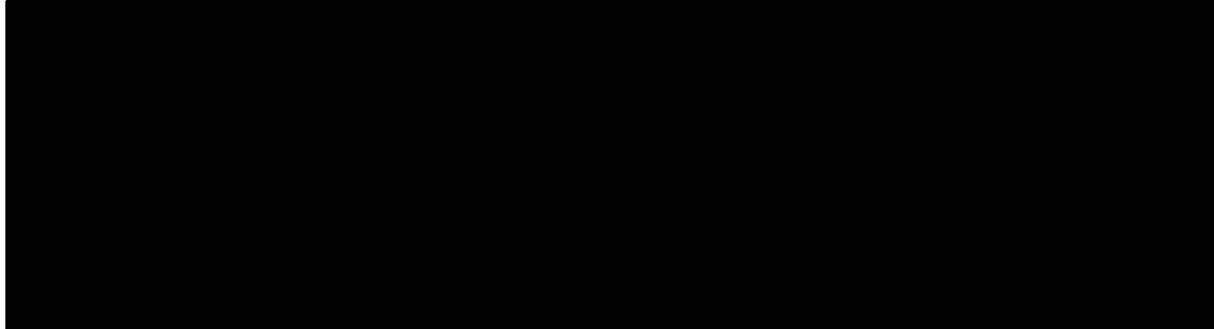
4. References:

Provide four (4) recent references, either educational or governmental, for whom you have provided the type of services described herein. Include the date(s) the services were furnished, the client name, address and the name and phone number of the individual Virginia Tech has your permission to contact. Provide A. M. Best Company's and/or Standard & Poor's and/or Weiss ratings as well as the financial size category of the insurer for the past five (5) years. Minimum ratings accepted will be an "A" rating from A.M. Best (or equivalent from other companies) and a financial size category of 8.

Clemson University

University of Alabama

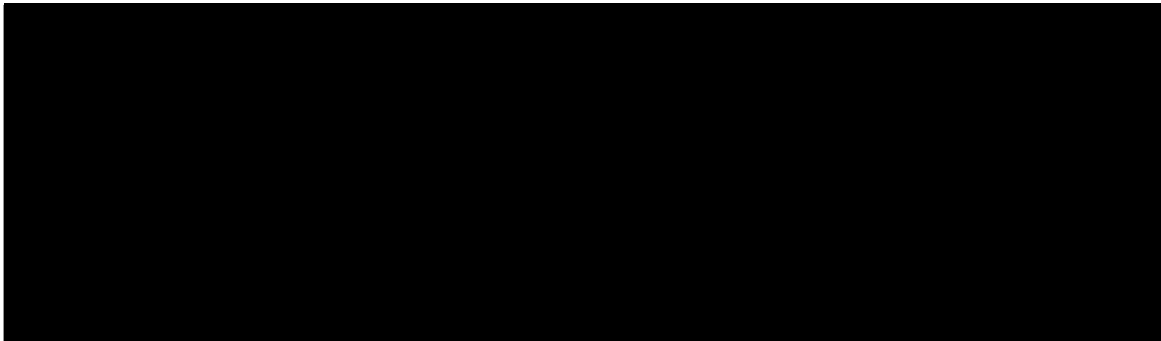
Florida State University



University of Florida

University of Minnesota

University of Wisconsin



The Underwriter for this proposal is Chartis Insurance, they are one of the largest and strongest companies that work in this niche of the insurance market. The A.M. Best rating of Chartis has never fallen below an "A" rating, even during the recent financial/banking crisis. A.M Best has rated Chartis in the financial size category of XV (2 billion dollars or greater).

AM Best:	A
Standard & Poors:	A+
Moody's:	Aa3
Fitch:	A+



**RFP VII, Page 9, Section B, 5. Small, Women-owned and Minority-owned Business (SWAM) Utilization:**

CISI is not a Small, Women-owned, or Minority-owned business.

**RFP VII, Page 9, Section B, 6. The return of the General Information Form and addenda, if any, signed and filled out as required.**

The General Information Form and Addenda are signed and attached.

## CISI PLAN HIGHLIGHTS AND ENHANCEMENTS

Some enhancements provided in this proposal that are over and above the requirements specified in the RFP:

- 1) The RFP requested that expenses incurred for treatment of nervous or mental disorders be payable a) up to \$10,000 for out-patient treatment, or b) for inpatient treatment, 50% of eligible charges, 30 days maximum.

CISI is willing to match this language if VirginiaTech prefers this benefit (as specified above). However, we believe the following to be an enhancement (and we have included the following language in this proposal):

Nervous or Mental Disorders: are payable, a) up to \$10,000 for outpatient treatment; or b) up to \$50,000 on an inpatient basis.

\*The CISI language provides inpatient coverage at 100%, which in nearly every instance will save the injured party a great deal of out-of-pocket expense.

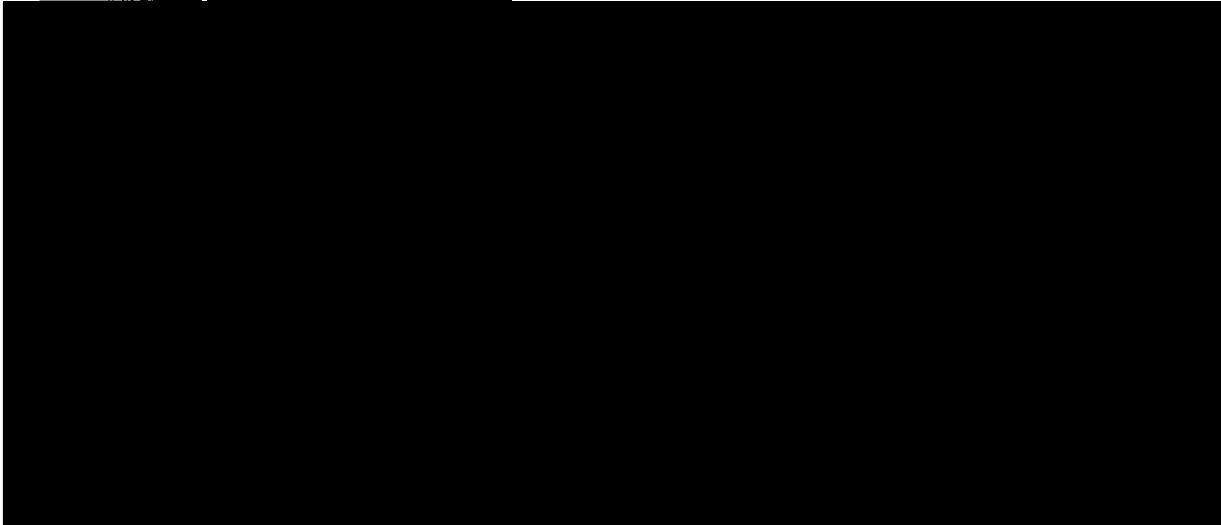
\*The CISI language also does not limit the recovery abroad to 30 days.

- 2) The CISI quote includes a \$100,000 benefit for pre-existing condition. The first \$10,000 of that benefit is covered as primary and the remaining \$90,000 is covered as excess.
- 3) The CISI quote also includes the most comprehensive security package available in our market. A \$250,000 security evacuation benefit for military and political issues (situations where the US government or the government of the host country have recommended your class of individuals leave an area of the host country or the host country itself), for personal threat situations (where there is threat of assault, or after an assault has occurred – even if there is no medical reason to initiate an evacuation), and for natural disasters (any widespread natural issue where the region has been declared a disaster area). Our robust security package includes on-the-ground support when needed and web tools that include security tips, personalized safety reports, and email subscription services for daily security updates and email alerts.
- 4) CISI has also included a quarantine benefit of \$2,500 in the quote providing up to \$100 per day if one is quarantined for medical reasons for longer than 24 hours – the benefit also provides for the ticket cost of either rejoining the trip or returning home.
- 5) CISI will pay directly to providers abroad. Payments of greater than \$40 may be wired directly from our London office to the provider in a variety of foreign currency.

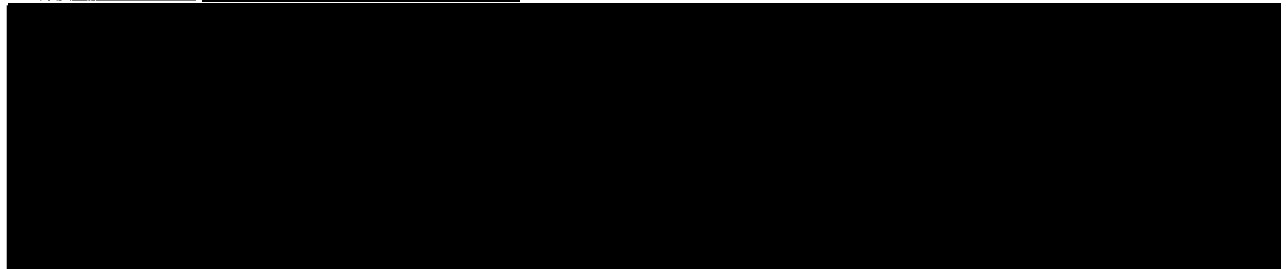
The approach of CISI is different from other insurance companies -- students should not have to contact a company in the US prior to seeking treatment in order to secure pre-approval for a procedure or a list of approved providers. We have competitors who market their membership in international provider groups, or their purchase of databases that list doctors and hospitals abroad. To our knowledge, none of these provider networks includes more than 2% of medical providers abroad. CISI maintains a list of 10,000 international providers and stands ready to help locate providers when needed – but the choice of provider remains with the program participant.

**KEY PERSONNEL:**

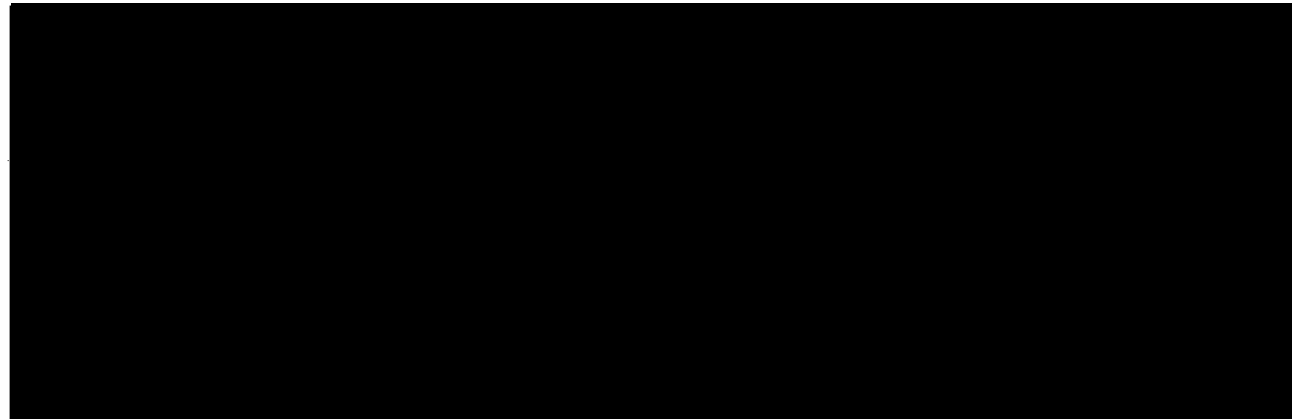
Steve Hopkins [REDACTED]



Linda Langin [REDACTED]



Ellen Vetrano [REDACTED]



## HISTORICAL INFORMATION:

CISI was a department of AIFS for close to 30 years before becoming an independent subsidiary of that organization in 1996. For its entire history, CISI has worked solely with students and cultural exchange participants. Our organization has chosen not to branch out into other types of insurance that are not education-based, or even into the domestic student insurance market.

The parent company of CISI is AIFS (The American Institute for Foreign Study). AIFS and its family of companies organize cultural exchange programs throughout the world for more than 50,000 students each year. The group, a privately owned U.S. corporation with wholly owned overseas subsidiaries, has annual revenues in excess of \$130 million. Since its founding in 1964, more than a million students and teachers have participated in AIFS programs worldwide. The top administrator of CISI has the title of Vice President. The current Vice President is Linda Langin. She holds the top position in CISI and she sits on the board of AIFS.

CISI is the only company in the United States that specializes in study abroad insurance. Nine out of ten of our clients run study abroad programs and use us to insure their students. Last year CISI insured 100,000 participants in the international education field. Though no formal studies have been done on the subject, based upon our analysis of data contained in IIE's Open Doors publication we believe we believe our study abroad market share to be approximately 33%.

We maintain agreements with two underwriters: Chartis and ACE. We work with two Assistance Companies: Chartis Global Assist and EuropAssist. And we work with two Security Companies: Red24 and iJet. For this bid, we have put together a package that will include support from Chartis as the underwriter, Chartis Global Assist as the assistance company, and Red24 as the security company. However, because we have multiple relationships, we will have additional flexibility in the future and if some part of the package does not meet the needs of the University, we will have other options and avenues that we can explore. We also maintain a relationship with the Ackerman Group – a group that handles kidnap, ransom, and extortion cases – however, that coverage is not currently included as a part of this response.

## CLAIMS PROCESS:

CISI will pay medical providers directly or we can reimburse students (or University personnel or host families or others paying claims on behalf of an insured). In non-urgent cases, the decision to bill CISI directly or to collect payment from the insured during a student visit is up to the provider. In more serious cases, where hospitalization is involved, CISI can pay the providers directly by foreign currency check (pounds, euros, Australian dollars, etc.) or wire transfer when necessary. In order to start this process, the insured or someone calling on the insured's behalf just needs to open a case with our 24-7-365 emergency assistance provider, Team Assist, so that they can fax or e-mail a Guarantee of Payment to the hospital and in order to determine where and how payment should be sent.

Insureds seeking reimbursement will complete CISI's user-friendly, half-page claim form (the form may be found in their coverage brochure as well as online) and attach itemized bills/receipts for amounts being claimed. This information is then mailed, faxed or e-mailed to CISI, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788, 203-399-5596 (fax), or [evetrano@culturalinsurance.com](mailto:evetrano@culturalinsurance.com).

When claims are received, the claim documents are logged and date stamped. The claim documents are scanned and the insured's information is entered into our claims system. Next, one of our Medical Benefit Analysts reviews/processes the claim. Weekly reimbursement checks in US dollars are printed and mailed to the insured or to the insured's US address for deposit by their family into their US bank account which many times is accessible by the insured via a debit card while overseas. Foreign currency checks are printed bi-weekly and wire transfers are performed as needed. The average claims processing time is 14 days.

VIRGINIA TECH - INSURANCE PLAN FOR PROGRAMS ABROAD

PLAN DETAILS

Underwritten by The Insurance Company of the State of Pennsylvania, A Member of Chartis Insurance

MONTHLY PREMIUM RATE: **\$30.50** ✓

(Weekly Rate of \$8 available for short term programs of 1, 2, or 3 weeks in duration.)

Schedule of Benefits:

Accidental Death	
Per Insured	\$20,000
Aggregate Limit Per Accident	\$1,000,000
Medical Expense (per Accident or Sickness):	
Deductible	\$-0- (zero)
Basic Medical	\$500,000 @100%
Lifetime Maximum	No lifetime maximum
Dental Treatment (Injury Only):	
Accidental Dental (accident originating outside the mouth)	100% of Covered Expenses, up to policy limits
Emergency (Palliative) Dental:	\$500 maximum
Pre-existing Conditions Coverage Limit	Up to \$100,000 (first \$10,000 primary, remainder excess coverage)
Mental and Nervous (Inpatient/Outpatient):	\$50,000 inpatient / \$10,000 outpatient <i>*If preferred, this can be changed to \$10,000 outpatient and 50% of eligible charges up to 30 days for inpatient</i>
Home Country Coverage	\$10,000
Termination of Pregnancy (Maximum Benefit)	\$500
Prescription Drugs (Inpatient/Outpatient)	100% of Covered Expenses, up to policy limits
Home Country Extension of Benefits (for conditions starting while covered overseas)	Up to 30 days, \$10,000 Benefit Maximum
Limit for:	
Emergency Medical Evacuation	\$250,000.00
Return of Mortal Remains	\$100,000.00
Emergency Medical Reunion (Family Assistance Benefit)	\$10,000
Reunification Benefit	\$1,000
Comprehensive Security Evacuation	\$250,000.00
Medical Quarantine Benefit	\$2,500.00

~ Eligibility Requirements ~

**Eligible Participant:** Eligible Participant means any person who: (1) has become a participant in a group in international educational activities, and (2) is temporarily located outside their home country or country of regular domicile as a non-resident alien, and (3) has not applied for permanent residency status, and (4) for whom the required premium has been paid.

~ Periods of Coverage ~

**When an Insured's Coverage Begins:** Coverage will become effective for an Eligible Participant on the later of the following dates, but in no event shall coverage commence prior to the effective date of the Master Policy:

1. the effective date of the Policy;
2. the date requested by the Participating Organization.

**When an Insured's Coverage Ends:** Coverage will terminate for an Insured on the earliest of the following dates:

1. the date the Master Policy terminates;
2. the expiration date of the term of coverage, requested by the Participating Organization, applicable to the Insured;
3. the date the Insured ceases to meet the Eligibility Requirements described above.

~ Benefit Provisions ~

**SCOPE OF COVERAGE**

Benefits are payable under this Policy for Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide. The first such expense must be incurred by an Insured within 30 days after the date of the Accident or commencement of the Sickness; and:

- All expenses must be incurred by the Insured within 52 weeks from the date of the Accident or commencement of the Sickness and
- The Insured must remain continuously insured under the Policy for the duration of the treatment;

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

~ Accidental Death and Dismemberment Benefit ~

**Accidental Death Benefit.** If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

**Accidental Dismemberment Benefit.** If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss of:	Percentage of Maximum Amount
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%
The 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%

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid. Only one benefit, the largest to which you are entitled, is payable for all losses resulting from the same accident. Maximum aggregate benefit per occurrence is \$1,000,000.

#### ~ Accident and Sickness Medical Expenses ~

The Company will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the Schedule of Benefits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Illness must occur within 30 days of the Accident or onset of the Illness.

When a covered Injury or illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in the Schedule of Benefits. In no event shall the Company’s maximum liability exceed the maximum stated in the Schedule of Benefits as to Covered Expenses during any one period of individual coverage.

#### **Covered Accident and Sickness Medical Expenses**

For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital’s average charge for semiprivate room and board accommodation.



2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, treatment and Surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
8. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
9. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
10. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
11. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
12. Nervous or Mental Disorders: are payable, a) up to \$10,000 for outpatient treatment; or b) up to \$50,000 on an inpatient basis. The Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under the Policy with respect to any one Insured
13. Chiropractic Care and Therapeutic Services: shall be limited to a total of \$50.00 per visit, excluding x-ray and evaluation charges, with a maximum of 10 (ten) visits per injury or illness. The overall maximum coverage per injury or illness is limited to 80% of eligible charges which includes x-ray and evaluation charges.

#### **Extension of Benefits**

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to the overseas study program with the University. Benefits will cease 12:01 a.m. on the 31st day following termination of Insurance.

#### **~ Dental ~**

When covered Dental expenses are incurred by the insured person the Company will pay Reasonable and Customary expenses in excess of the Deductible and Coinsurance as stated in the Schedule of Benefits. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to Covered Expenses during any one period of individual coverage.

For the purpose of this section, only such expenses, incurred as the result of an eligible Dental condition, in which services or Medications are prescribed, performed, or ordered by a Dentist and enumerated below, and which are not excluded in the Exclusions, shall be considered as Covered Expenses.

1. With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to natural teeth damaged as a result of a covered Accident.

2. With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to \$500 (\$250 maximum per tooth).

**~ Emergency Medical Reunion ~**

When an Insured Person is hospitalized for more than 6 days, the Company will arrange and pay for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits payable will include:

- The cost of a round trip economy airfare and their hotel and meals (to a maximum of \$10,000 and \$150 per day) up to the maximum stated in the Schedule of Benefits

**~ Reunification Benefit ~**

In the event that an insured person's mother, father, brother or sister dies while the person is participating in the program, airfare up to \$1,000 will be paid for the insured to return for a visit home.

**~ Team Assist Emergency Assistance Services Plan ~**

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

The Team Assist Plan provides services and pays expenses up to the following limits:

- Emergency Medical Evacuation up to \$250,000
- Repatriation/Return of Mortal Remains up to \$100,000

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 Illness 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 Company's appointed Assistance Company in consultation with the Insured Person's local attending Physician.

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.

~ Repatriation/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, Repatriation/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 Repatriation/Return of Mortal Remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

**The Team Assist Plan offers the following services:**

EMERGENCY MEDICAL SERVICES

**Medical Monitoring:** In the event the Insured is admitted to a US or foreign hospital, the Assistance Provider will coordinate communication between the Insured's own physician and the attending medical doctor or doctors. The Assistance Provider will monitor the Insured's progress and update the family or the insurance company accordingly.

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

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

**Return of Dependent Children:** If a covered person is traveling alone with dependent children under age 18 and is hospitalized, and therefore, the dependent children are left unattended, the Assistance Provider will arrange for the children's return home with an appropriate escort, if necessary.

**Replacement of Medication or Eyeglasses:** Assistance will be provided if a covered person loses, forgets, or runs out of prescription medication or breaks, loses, or has eyeglasses stolen while traveling. The Assistance Provider will attempt to locate the medication, eyeglasses or their equivalent and arrange for the covered person to obtain it locally, where available or have it shipped to him or her, subject to local laws.

EMERGENCY TRAVEL SERVICES

**Emergency Message Relay:** The Assistance Provider will forward an emergency message to and from a family member, friend or medical provider.

**Emergency Cash:** The Assistance Provider will deliver emergency funds to a covered person provided there is a satisfactory guarantee of reimbursement. The method of delivery of emergency funds will vary according to the need in a given situation.

**Legal Assistance/Bail:** The Assistance Provider will assist a covered person in the location of local attorneys and will advance bail funds, where permitted by law with satisfactory guarantee of reimbursement.

**Location of Lost Items:** The Assistance Provider will help a covered person in the location of lost luggage, documents and personal items. Airlines, government authorities and card issuers are among those who will be contacted if necessary.

**Interpretation/Translation:** The Assistance Provider's multilingual staff will assist a covered person with

foreign language and interpretation problems over the telephone.

PRE-TRIP INFORMATION SERVICES

**Visa, Passport, and Inoculation Requirements:** Information will be provided for all visa, inoculation, passport or immunization requirements of the foreign countries in which a covered person will be traveling.

**Cultural Information and Weather Conditions:** The Assistance Provider will provide a covered person with weather forecasts and temperatures for major cities around the world and information concerning cultural and other events, if available, in the area in which a covered person is to travel.

**Foreign Exchange Rates:** The Assistance Provider will provide information about foreign exchange rates between U.S. dollar and most major currencies.

~ Exclusions ~

For expenses listed in the Schedule of Benefits, Accidental Death and Dismemberment, this Insurance does not cover:

1. Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
2. Expenses as a result or in connection with intentionally self-inflicted Injury or Illness.
3. Disease of any kind;
4. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
5. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
  - a. participating in a war, invasion, warlike operations (whether war be declared or not), or civil war.
  - b. participating in a mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
7. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;
8. Injury arising out of a Pre-Existing Condition. However, an Injury for which the treatment has not been rendered or treatment medically recommended for the past twelve consecutive months shall not be considered a Pre-Existing Condition unless otherwise specifically excluded;
9. Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type;

For benefits listed in the Schedule of Benefits, Accident Medical, Sickness Medical, Mental and Nervous, Specified Therapies and Spinal Manipulation, Emergency Medical Evacuation, Repatriation/Return of Mortal Remains this Insurance does not cover:

1. Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified below:
  - a. If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to

the Pre-Existing Condition or related condition(s), for a period of 12 consecutive months beginning on or after the first day of coverage, the preexisting condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or

- b. If the Injured Person is covered under the Policy for 12 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or
- c. Emergency Medical Evacuation and Repatriation/Return of Mortal Remains

**Note: This policy does pay benefits for a loss due to a pre-existing condition up to \$100,000. The first \$10,000 shall be covered as primary, and the remaining benefit shall be excess coverage.**

- 2. Charges for treatment which is not Medically Necessary;
- 3. Charges for treatment which exceed Reasonable and Customary charges;
- 4. Charges incurred for Surgery or treatments which are, Experimental/ Investigational, or for research purposes;
- 5. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
- 6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
  - a. participating in a war, invasion, warlike operations (whether war be declared or not), or civil war.
  - b. participating in a mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power.
- 7. Injury sustained while participating in professional athletics;
- 8. Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician;
- 9. Treatment of the Temporomandibular joint;
- 10. Vocational, speech, recreational or music therapy;
- 11. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person;
- 12. The refusal of a Physician or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied;
- 13. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition;
- 14. Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home County, where the objective of the trip is to seek medical advice, treatment or

Surgery;

15. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
16. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder;
17. Any Mental and Nervous disorders or rest cures, unless otherwise covered under this Policy;
18. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services;
19. Congenital abnormalities and conditions arising out of or resulting there from;
20. The cost of the Insured Person's unused airline ticket for the transportation back to the Insured Person's Home Country, where an Emergency Medical Evacuation and/or Repatriation/Return of Mortal Remains benefit is provided;
21. Expenses as a result or in connection with the commission of a felony offense;
22. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping; racing by horse, racing by motor vehicle or racing by motorcycle; parasailing;
23. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
24. Injuries for which benefits are payable under any no-fault automobile Insurance Policy;
25. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Policy;
26. Routine Dental Treatment;
27. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion (**abortion is covered up to \$500**);
28. Treatment for human organ tissue transplants and their related treatment;
29. Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under this Policy;
30. Weak, strained or flat feet, corns, calluses, or toenails;
31. Diagnosis and treatment of acne;

32. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crewmember, in or on, boarding or alighting from, any type of aircraft.

**Right of Subrogation:** To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

~ Definitions ~

**Accident or Accidental** means an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

**Coinsurance** means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the Schedule of Benefits, under each stated benefit.

**Company** shall be The Insurance Company of the State of Pennsylvania.

**Covered Expenses** means expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits, under each stated benefit.

**Deductible** means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company. The Deductible amount is stated in the Schedule of Benefits, under each stated benefit.

**Disablement** as used with respect to medical expenses means an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician defined in this Policy.

**Effective Date** means the date the Insured's Persons coverage under this Policy begins. The Effective Date of this Policy is the later of the following:

1. The Date the Company receives a completed Application and premium for the Policy Period or
2. The Effective Date requested on the Application or
3. The Date the Company approves the Application

**Elective Surgery or Elective Treatment** means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent

sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct a covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, learning disabilities.

**Eligible Benefits** means benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

**Emergency** means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

**Family Member** means a spouse, parent, sibling or Child of the Insured Person.

**Home Country** means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

**Hospital** as used in this Policy means except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

**Illness** wherever used in this Policy means sickness or disease of any kind contracted and commencing after the Effective Date of this Policy and Disablement covered by this Policy.

**Injury** wherever used in this Policy means bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in Disablement covered by this Policy.

**Insured Person(s)** means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary Insured Person or Dependent(s).

**Medically Necessary or Medical Necessity** means services and supplies received while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment.



**Mental and Nervous Disorder** means a Sickness that is a mental, emotional or behavioral disorder.

**Permanent Residence** means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

**Physician** as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

**Pre-existing Condition** for the purposes of this Policy means 1) a condition that would have caused person to seek medical advise, diagnosis, care or treatment during the 180 days prior to the Effective Date of coverage under this Policy; 2) a condition for which medical advise, diagnosis, care or treatment was recommended or received during the 180 days prior to the Effective Date of coverage under this Policy; 3) expenses for a Pregnancy existing on the Effective Date of coverage under this Policy.

**Reasonable and Customary** means the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.

**Relative** means spouse, parent, sibling, Child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

### (Comprehensive) Security Evacuation Benefit Rider

This Rider is attached to and made part of the Policy. It applies only with respect to Occurrences that take place on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

If, as a result of an Occurrence that takes place during an Insured Person's Period of Coverage and while traveling outside his or her Home Country, an Insured Person requires a Security Evacuation, the Company will pay benefits to Transport the Insured Person to the Nearest Place of Safety. The determination that an Insured Person requires a Security Evacuation must be made by a Designated Security Consultant and all arrangements must be made by the Assistance Provider.

Benefits will be payable for eligible expenses up to a Maximum of \$250,000. Eligible expenses are for Transportation and Related Costs to the Nearest Place of Safety necessary to ensure the Insured Person's safety and well-being as determined by the Designated Security Consultant. Security Evacuation benefits are payable only once per Occurrence.

Benefits will also be payable for Transportation and Related Costs within 14 days of the Security Evacuation to either of these locations as chosen by the Insured Person:

- (1) back to the Host Country if return is safe and permitted; or
- (2) the Insured Person's Home Country; or
- (3) where the educational institution that sponsored the Insured Person's trip is located.

This benefit is subject to the overall Maximum stated above.

Benefits will be payable for consulting services by Designated Security Consultant for seeking information on Missing Person or kidnapping cases if the Insured Person is deemed kidnapped or a Missing Person by local or international authorities. This benefit is subject to the overall Maximum stated above.

The Assistance Provider must make all arrangements and must authorize all expenses in advance of any benefits being payable. The Assistance Provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured Person until a Security Evacuation becomes viable.

#### **Right of Recovery**

If, after a Security Evacuation is completed, it becomes clear that the Insured Person was an active participant in the events that led to an Occurrence, the Company has the right to recover all Transportation and Related Costs from the Insured Person.

#### **Changes in Terms and Conditions**

The terms and conditions of this Rider, including but not limited to the definition of Excluded Countries, may be changed at any time to reflect conditions that, in the opinion of the Company, constitute a change in the Policyholder's security evacuation exposure. The Company will give the Policyholder written notice of any change in the terms and conditions of this rider at least 30 days in advance of the effective date of the change.

#### **~ Definitions ~**

**Advisory** means a formal recommendation by the Appropriate Authorities that the Insured Person or citizens of his or her Home Country or citizens of the Host Country leave the Host Country.

**Appropriate Authority(ies)** means the government authority(ies) in the Insured Person's Home Country or the government authority(ies) of the Host Country.

**Designated Security Consultant** means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure the safety of the Covered Person(s) in his or her care.

**Excluded Countries** means the following countries from which Security Evacuations are not available under this Rider: any country subject to the administration and enforcement of U. S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL (OFAC).

**Home Country** means the country of citizenship of the Insured Person. If the Insured Person has dual citizenship, for the purposes of this Rider, his or her Home Country is the country of the passport he or she used to enter the Host Country.

**Host Country** means any country, other than an Excluded Country, in which an Insured Person is traveling while covered under the Policy.

**Imminent Physical Danger** means the Insured Person is subject to possible physical injury or sickness that could result in grave physical harm or death.

**Missing Person** means an Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

**Natural Disaster** means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that:

1. is due to natural causes; and
2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

**Nearest Place of Safety** means a location determined by the Designated Security Consultant where:

1. the Insured Person can be presumed safe from the Occurrence that precipitated the Insured Person's Security Evacuation; and
2. the Insured Person has access to transportation; and
3. the Insured Person has the availability of temporary lodging, if needed.

**Occurrence** means any of the following situations in which an Insured Person finds him or her self while covered by the Policy:

6. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
7. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or citizens of the Host Country should leave the Host Country;
8. Natural Disaster within 7 days of an event ;
9. Verified Physical Attack or a Verified Threat of Physical Attack from a third party;
10. the Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 7 days

of his or her being found

**Period of Coverage** means the period of time during which the Policy is in force with respect to the Insured Person.

**Related Costs** means food, lodging and, if necessary, physical protection for the Insured Person during the Transport to the Nearest Place of Safety.

**Security Evacuation** means the extrication of an Insured Person from the Host Country due to an Occurrence which results in the Insured Person being placed in Imminent Physical Danger.

**Transport/Transportation** means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, the Insured Person's common carrier tickets will be used.

**Verified Physical Attack** means deliberate physical harm of the Insured Person confirmed by documentation or physical evidence.

**Verified Threat of Physical Attack** means a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence.

~ Exclusions ~

No benefits are payable under this Rider for charges, fees or expenses:

1. payable under any other provision of, or Rider to, the Policy to which this Rider is attached;
2. that are recoverable through the Insured Person's employer;
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured Person, acting alone or in collusion with others;
4. arising from or attributable to an alleged:
  - a. violation of the laws of the Host Country by an Insured Person; or
  - b. violation of the laws of the Insured Person's Home Country;unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured Person;
5. due to the Insured Person's failure to maintain and possess duly authorized and issued required travel documents and visas;
6. arising from an Occurrence which took place in an Excluded Country;
7. for repatriation of remains expenses;
8. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
9. for medical services; or

10. for monies payable in the form of a ransom if a Missing Person case evolves into a kidnapping; or
11. arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; or
12. arising from or attributable, in whole or in part to non-compliance by the Insured Person with regard to any obligation specified in a contract or license; or
13. due to military or political issues if the Insured Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

## TRIP QUARANTINE BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application.

It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

### TRIP QUARANTINE BENEFITS

If the Insured's Trip is delayed [24] or more hours due the Insured being Quarantined, the Company will pay a per day Quarantine Benefit of [\$100] for each calendar day the Insured remains in Quarantine. Additionally the Company will reimburse the Insured for the below expense items if incurred as a direct result of the Insured being Quarantined:

1. unused, non-refundable travel arrangements or accommodations;
2. any reasonable additional expenses for accommodations;
3. a one-way economy ticket from the point where the Insured left the Trip to a destination where the Insured can rejoin the Trip; or
4. a one-way economy airfare ticket to return the Insured to the Insured's Home Country.

The above Trip Quarantine Benefits are subject to a combined overall maximum benefit amount of [\$2,500].

### DEFINITION:

**Quarantine** - means the Insured is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Insured either having, or being suspected of having, a contagious disease, infection or contamination while the Insured is traveling outside of the Insured's Home Country.

# ADDENDUM # 1 TO RFP # 0016394

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY  
PURCHASING DEPARTMENT (0333)  
270 SOUTHGATE CENTER  
BLACKSBURG, VA 24061

DATE	ORIGINAL DUE DATE AND HOUR
March 17, 2011	April 1, 2011 3:00 pm

ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO: Kimberly Dulaney, Assistant Director and Contracts Manager  
E-MAIL ADDRESS: kdulaney@vt.edu TELEPHONE NUMBER (540) 231-8543  
FAX NUMBER (540) 231-9628 AFTER HOUR MESSAGES (540) 231-8221

### Study Abroad Insurance

A. The following questions have arisen for RFP 0016394:

Question 1.: Could you please provide travel details including destinations (specific country) and duration of stays?

Virginia Tech Response: It is impossible to answer this question, because programs change from year to year. In any given year, we have students studying in about 40 different countries. Some programs last only one or two weeks and some programs last an entire semester. Some students will be abroad for an entire year.

Travel destinations in the past have included UK, Ireland, Denmark, France, Germany, Italy, Switzerland, Czech Republic, Sweden, Finland, Norway, Greece, Spain, Portugal, Netherlands, Belgium, Croatia, Slovakia, Russia, Dominican Republic, India, Japan, Morocco, Senegal, Mali, China, Korea, Vietnam, Dubai, Egypt, Malawi, South Africa, Australia, New Zealand, Fiji, Chile, Costa Rica, Belize, Mexico, Brazil, Antarctica, Ecuador, Canada, and more.

Question 2.: Is there are plan in place right now? If so, could you please provide us with the brochure, Enrollment, Premium and Utilization for the past three years?

Virginia Tech Response: There is no historical data as this is a new program for Virginia Tech. Previously students were required to purchase private insurance.

Question 3.: Could you please provide the estimated number of participants that would be insured next year?

Virginia Tech Response: We send about 1200 students abroad every year but not all of them will purchase this insurance. The semester students in Switzerland, Australia, France and Germany (among other countries) are required to purchase the health insurance of that country in order to get a student visa. We are not going to make these students purchase redundant insurance. All of our ISEP students are required to purchase health insurance through ISEP. Almost all of the students participating in provider programs get insurance through their provider. These students will not be required to purchase redundant insurance.



The primary purchasers of this insurance will be students doing faculty-led programs. We can roughly say that there will be about 600-700 students who would need to purchase the insurance during the course of any given year. Most of these students would be doing short-term programs during the summer for about a month to six weeks.

Question 4.: If selected, will the winner be the only vendor

B. All other terms, conditions and descriptions remain the same.

C. The due date and hour remains April 1, 2011; 3:00 pm.

Addendum #1

<b>FULL LEGAL NAME (PRINT)</b> <small>(Company name as it appears with your Federal Taxpayer Number)</small> Cultural Insurance Services Int'l		<b>FEDERAL TAXPAYER NUMBER (D#)</b> 	
<b>BUSINESS NAME/DBA NAME/TA NAME</b> <small>(Addressed from the Full Legal Name)</small>		<b>FEDERAL TAXPAYER NUMBER</b> <small>(Different from D# above)</small>	
<b>BILLING NAME</b> <small>(Company name as it appears on your invoice)</small>		<b>FEDERAL TAXPAYER NUMBER</b> <small>(Different from D# above)</small>	
<b>PURCHASE ORDER ADDRESS</b> 9 West Broad St Stamford CT 06902		<b>PAYMENT ADDRESS</b>	
<b>CONTACT NAME/TITLE (PRINT)</b> Steve Hopkins		<b>SIGNATURE (IN INK)</b> 	<b>DATE</b> 3/31/11
<b>E-MAIL ADDRESS</b> shepkus @ culturalinsurance.com	<b>TELEPHONE NUMBER</b> 866 866 4691	<b>TOLL FREE TELEPHONE NUMBER</b> 866 866 4691	<b>FAX NUMBER TO RECEIVE E-PROCUREMENT ORDERS</b>



**ADDENDUM # 2 TO RFP # 0016394**  
**VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY**  
**PURCHASING DEPARTMENT (0303)**  
**270 SOUTHGATE CENTER**  
**BLACKSBURG, VA 24061**

DATE March 22, 2011	ORIGINAL DUE DATE AND HOUR April 1, 2011 3:00 pm
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ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO: Kimberly Dulaney, Assistant Director and Contracts Manager  
 E-MAIL ADDRESS: kdulaney@vt.edu TELEPHONE NUMBER (540) 231-8543  
 FAX NUMBER (540) 231-9528 AFTER HOUR MESSAGES (540) 231-6221

**Study Abroad Insurance**

A. The following questions have arisen for RFP 006394:

**Question 1:** What are the age ranges (0-18, 19-24, 25-29, etc.) of the participants? Do you want separate pricing for age bands? Separate price for faculty/staff?

*Virginia Tech Response:* Most students should be in the "traditional" age range (19-24), but there will certainly be students who fall into all age ranges. It would be ideal if all students were to pay the same rate, no matter the student's age. Separate pricing for faculty and staff would be okay.

**Question 2:** Any spouse/child coverage?

*Virginia Tech Response:* Spouse and child coverage is not one of our primary concerns and it is not necessary but companies can certainly provide it as an option.



**Question 3:** Confirm if the cost of the health insurance will be included with the tuition bill and payment will be remitted to our company via bulk check from Virginia Tech.

*Virginia Tech Response:* Students will likely purchase the insurance individually through the company's website and then show proof of insurance before they are allowed to participate in an education abroad program. We will not be "bulk processing" the purchase of insurance at this point. Individual faculty-led education abroad programs may purchase insurance for all student participants in that particular program.

B. No other questions will be accepted for this RFP.

C. All other terms, conditions and descriptions remain the same.

D. The due date and hour remains Friday, April 1, 2011, 3:00 pm.

FULL LEGAL NAME (PRINT) <small>(Company name as it appears with your Federal Taxpayer Number)</small> <i>Cultural Insurance Services Int'l</i>		FEDERAL TAXPAYER NUMBER (ID#) 	
BUSINESS NAME/DBA NAME/TA NAME <small>(If different from the Full Legal Name)</small>		FEDERAL TAXPAYER NUMBER <small>(If different from ID# above)</small>	
BILLING NAME <small>(Company name as it appears on your invoice)</small>		FEDERAL TAXPAYER NUMBER <small>(If different from ID# above)</small>	
PURCHASE ORDER ADDRESS <i>9 West Broad St Stanford CT 06902</i>		PAYMENT ADDRESS	
CONTACT NAME/TITLE (PRINT) <i>Steve Hopkins</i>		SIGNATURE (PRINT) 	DATE <i>3/31/11</i>
E-MAIL ADDRESS <i>shopkins@ CulturalInsurance.com</i>	TELEPHONE NUMBER <i>866 866 4691</i>	TOLL FREE TELEPHONE NUMBER <i>866 866 4691</i>	FAX NUMBER TO RECEIVE E-PROCUREMENT ORDERS

May 31, 2011

Cultural Insurance Services International  
9 West Broad Street  
Stamford, CT 06902

Attn: Steve Hopkins

Dear Mr. Hopkins:

Subject: Virginia Tech RFP #0016394

Thank you for submitting your proposal in response to the subject RFP for Accident & Sickness Insurance Plan for Study Abroad Insurance as requested by Virginia Tech.

We have reached the point in the evaluation process where we are ready to negotiate as provided for in Section VIII.B of the RFP. We are pleased to inform you that CISI has been selected for negotiations. Therefore, we would appreciate your response to the questions accompanying this letter.

Your response by 10:00 am on Monday, June 6, 2011 is imperative and will be greatly appreciated.

Sincerely,



Kimberly Dulaney  
Assistant Director & Contracts Manager  
(540) 231-8543

*Invent the Future*

CISI  
RFP 0016394  
Accident & Sickness Insurance Plan for Study Abroad Insurance  
Negotiation Questions  
Round One

May 24, 2010

1. Does the insurer regularly participate in NAFSA or Forum for Education Abroad conferences?
2. Does the organization have any experience providing evidence of coverage to meet national requirements for coverage such as Switzerland, S. Africa?
3. If 24/7 service is not responding, who can we contact next?
4. Can the program give specific examples of cases where they have managed a student group evacuation?
5. Do State Department Travel Warnings have any bearing on coverage for security and natural disaster coverage?
6. Please clarify how the insurance acts as primary/secondary coverage.
7. Since coverage is required for students, what is the latest date students can add coverage?
8. Clarify if Repatriation/return of Remains coverage includes expense for accompanying family members per the Statement of Need.
9. Approximately what proportion of your total business is student short-term international travel insurance?
10. In the case of emergency evacuation for political or natural disaster reasons, what support does your company provide to the student, beyond payment of evacuation expenses?
11. Will you offer the option of, instead of individual student enrollment; the university submits a list of student names and ID numbers, and pays for all students in a study abroad program with one check?
  - a. If so, what additional information, if any, would be required to submit?

12. What procedures do you have in place in the event cell phone and internet service is not available? Are these services outlined for the students?
13. The phrase "current home country" is used. What is the difference between "current home country" and "home country"? Will the participant need to identify this at the time of enrollment?

14. Does your emergency travel assistance include lost ticket processing?

15. Your plan has an exclusion worded as follows:

*Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any government program or facility set up for treatment without cost to any individual ;*

*As a primary policy, if there was a cost incurred for covered medical services, it would be covered.*

With the above exclusion; the understanding is: In the event another insurance or entity paid for the covered medical services the participant would not be entitled to request payment from you.

Do you agree that this a correct interpretation?

16. Please outline the prescription coverage provided by this plan.

17. Do you agree that the initial contract period shall be one or two years as negotiated?

18. Upon completion of the initial contract period, does CISI agree that the contract may be renewed by Virginia Tech upon written agreement of both parties for one or two year periods, as negotiated under the terms of a resulting contract?

19. If awarded a contract, are you willing to hold prices firm for the initial contract period and the first renewal year?

20. While other factors such as the methodology, quality of service and prior experience are considered during the selection process, the evaluation of price, including the annual maintenance fee, is a key element of the evaluation. With this in mind, has CISI provided your most competitive price structure?

21. Please identify the highest-level executive in your organization that is aware of this solicitation. Describe that person's commitment to assuring the highest quality service to Virginia Tech if your organization is awarded a contract.
22. Please describe your quickest turn around time if emergency services are needed.
23. Will you be able to handle increased volumes of business and/or provide service to additional departments during the course of the contract?
24. How soon after contract award can you begin providing services?
25. Since our purchasing system requires precise and accurate information, please provide the following:
  - a. Legal name of your company.
  - b. Trade name (DBA) if different from legal name.
  - c. Taxpayer identification Number.
  - d. Company name and address to which Virginia Tech should mail purchase orders.
  - e. Company name and address to which Virginia Tech should mail payments.
  - f. IRS W-9 form (Request for Taxpayer Identification Number and Certification).
26. Please comment on your willingness to comply with the following:

Virginia Tech has entered into an Education Sponsorship Agreement with The Coca-Cola Company and Coca-Cola Bottling Co. Consolidated. Accordingly, any contract or contracts resulting from this solicitation that includes beverage sales as the concept or part of the concept, will require that the contractor only serve Coke products (except for hot coffee or hot tea) in approved cups and will not sell, serve, distribute, sample, advertise or promote (on a brand or generic basic) any competitive products.
27. Please comment on your willingness to register and participate in the eVA internet procurement solution described in the terms and conditions of the RFP.
28. Do you acknowledge, agree and understand that Virginia Tech cannot guarantee a minimum amount of business if a contract is awarded to your company?

29. Does the vendor agree that no import customs clearance fees, customs duties, taxes, or other costs or fees shall apply to this contract?
  
30. Does the vendor acknowledge, agree, and understand that the terms and conditions of the RFP # 0016394 shall govern the contract if a contract is awarded to your company?
  
31. Please submit a revised quotation to incorporate any changes resulting from these negotiations.
  
32. Please advise if any portion of any resulting contract may be subcontracted to small, women-owned and/or minority-owned businesses.
  
33. For purposes of interacting with HokieMart, please identify the person (name, phone number, email address, etc.) in your company that will serve as liaison for  
a) e-commerce, b) accounts receivable, c) emergency orders.



Kimberly Dulane  
Assistant Director & Contracts Manager  
Virginia Tech  
Purchasing Department  
270 Southgate Center (0333)  
Blacksburg, Virginia 24061

Re: Virginia Tech RFP # 0016394, Accident & Sickness Insurance Plan for Study Abroad

Ms. Dulaney,

I am attaching CISI's response to the letter you forwarded on May 31. If you prefer to have this in a different format or if you have any additional questions, please let me know.

I am reachable at 866 866 4691 or via email at [shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com).

Best Regards,

Steve Hopkins

CISI, River Plaza, 9 West Broad Street  
Stamford, CT 06902  
866 866 4691

AMENDMENT NO.1 TO CISI'S RFP RESPONSE  
VIRGINIA TECH RFP # 0016394

1. Does the insurer regularly participate in NAFSA or Forum for Education Abroad conferences?

**The insurer is a Global Partner in the NAFSA organization. Our parent organization (AIFS) is also a Global Partner, and our parent company is also a sponsor and have contributed towards various NAFSA initiatives including funding a study abroad scholarship program). CISI employees participate and volunteer in a variety of NAFSA roles (Steve Hopkins, the person who will handle this account if CISI is awarded this contract, has been a NAFSA trainer at 7 National conferences, has aided in NAFSA Workshop curriculum development, has coauthored a NAFSA publication, and served on the Region XI leadership team for 7 years). CISI is also a member of the Forum, and we were a major sponsor of the recent Boston Conference. CISI has been the longest standing insurance member of the Forum.**

2. Does the organization have experience providing evidence of coverage to meet national requirements for coverage such as Switzerland, S. Africa?

**We regularly provide evidence of coverage (usually by confirmation of coverage letters or specialized consulate letters). Neither S. Africa nor Switzerland have been consistent problems (we have insured students and met requirements in both countries). The most extensive requirements are with the Schengen treaty requirements of the Czech Republic – we have created translated letters and policy statements in order to meet those Schengen requirements (as interpreted very strictly by the Czech consulates). Since Switzerland is a party to the same treaty, if stricter compliance standards for Switzerland were adopted, we would easily be able to adapt the documentation we are using for the Czech Republic. \*We have been regularly providing comprehensive Schengen documentation for several years.**

3. If 24/7 service is not responding, who can we contact next?

**With CISI, there are always two separate lines of communication. We certainly recommend that in emergencies one contact the emergency line... However, the account executive (Steve Hopkins) is available as needed 24 hours per day at all times, and CISI has an emergency coordinator who is assigned to larger emergencies who is available during those widespread crisis.**

4. Can the program give specific examples of cases where they have managed a student group evacuation?

**CISI has had groups evacuated recently from Japan, Christchurch, Cairo, and Guadalajara.  
[REDACTED] Lynn University [REDACTED]**



**University of South Carolina** **University of Florida** **Lynn University**

All have had cases that were reported in local media that were covered/handled by CISI.

5. Do State Department Travel Warning have any bearing on coverage for security and natural disaster coverage?

**CISI allows for any reputable source to trigger our evacuations. Thus, a travel warning (or advisory) could be used as the trigger – but an evacuation could be triggered without the State Department issuing a warning at all. (Statements by other governmental agencies, non-governmental groups, WHO, CDC, etc/etc could all be used to act as the trigger.)**

6. Please clarify how the insurance acts as primary/secondary coverage.

**All CISI insurance plans are primary coverage.**

7. Since coverage is required for students, what is the latest date students can add coverage?

**CISI has no mandated enrollment periods. For enrollments that are initiated by the institution, we are even able to backdate coverage (so if a student leaves on a Friday and you are unable to report that enrollment until the following week, we would recognize the coverage – even for claims that occur over that weekend).**

**\*For enrollments initiated by students, we require payment before initiating coverage. That is, we cannot backdate coverage in a situation where the student is responsible for the enrollment process.**

8. Clarify if Repatriation/Return of Remains coverage includes expense for accompanying family members per the Statement of Need.

**It was our intent to fully meet or exceed the specs you provided in the Statement of Need. We will conform to your requested language:**

**“Reasonable covered expenses to return the insured person’s body home upon death with a maximum of \$100,000 covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation. In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured’s home country.”**

9. Approximately what proportion of your total business is student short-term international travel insurance?

**Our core business is short-term international insurance for those studying outside of their home country. Well over 90% of our business falls into that category (likely closer to 97-98%).**

10. In the case of emergency evacuation for political or natural disaster reasons, what support does your company provide to the students, beyond payment of evacuation expenses?

**The goal is to provide whatever support is necessary. Certainly there are limits, but this coverage has been used to provide**

- a. **Individualized security reports for students/faculty who have needed them (in addition to the regularly updated data available on the Red24 website which is accessible via the CISI website for all enrolled students and university personnel)**
- b. **Searching for missing persons: in Haiti, many of the Lynn University insureds were listed as missing initially and the main focus for the first 48 hours was searching locations where Americans were congregating, searching medical facilities, and searching locations where the dead were being housed. The same benefit was used to pay for search efforts for a University of Florida student who was swept out to sea in a river in Africa.**
- c. **Communication and the relay of messages: In Egypt and Christchurch and Haiti, the assistance company was able to relay messages back and forth to family and University on behalf of students with limited ability and/or a limited window to communicate**
- d. **Travel arrangements: In nearly all of the major security evacuation cases in recent years (Haiti, Guadalajara, Cairo/Alexandria, Japan, Christchurch), CISI made travel arrangements on behalf of our insureds. In two instances, this included chartering a separate flight for CISI insureds... but in a vast majority of cases it has been working with the students to arrange commercial flights and hotel rooms.**

11. Will you offer the option of, instead of individual student enrollment; the university submits a list of student names and ID numbers, and pays for all students in a study abroad program with one check?

- a. If so, what additional information, if any, would be required to submit?

**Yes, the University may enroll students via a list of student names. We do not need ID Numbers. The standard enrollment information is as follows: NAME, START DATE, END DATE, BIRTH DATE, DESTINATION COUNTRY(IES)**

**We will work with the University to institute the enrollment practices and processes that work best for the University.**

12. What procedures do you have in place in the event cell phone and internet service is not available? Are these services outlined for the students?

**We have worked through instances with limited cell and internet service. In Haiti where there was no cell or internet available, security teams were on the ground and**

communicated via walkie-talkie to other security personnel at the airport (who then relayed messages via aircraft radio). In Cairo, land lines were used with the assistance company collecting information and calling at scheduled times.

Every situation will be different and challenges will vary greatly. The security company will be responsible for creating plans as needed (and for having specific emergency plans in place for most situations ahead of time) – The professionals are tasked with working within their area of expertise.

In regard to outlining plans for students – the truth is that there is really too much to truly outline all of these possibilities. Students will be asked to contact the emergency line (and the emergency personnel will take it from there). There is one number for all emergencies. AND, the school (and parents and host families and other interested persons) will also have the ability to contact the emergency line and open a case file. If a student cannot reach us, we will work to contact and reach the student... And that includes putting boots on the ground in their location.

13. The phrase "current home country" is used. What is the difference between "current home country" and "home country"? Will the participant need to identify this at the time of enrollment?

The goal of the coverage is primarily to insure students outside of their home country and outside of the United States. Students from the United States will be insurable anywhere in the world. Students from another country will be insurable anywhere in the world other than their home country. The primary reason for this distinction is that many who can be a part of a socialized system are better insured by the system designed to serve them – and having private insurance can create charges that would not have been there without the coverage, and can even reduce coverage in some circumstances.

We have the ability to request dispensation in some circumstances and will be happy to work with the University to request coverage for international students traveling to their home country in circumstances where the University believes it to be of benefit to the student.

14. Does your emergency travel assistance include lost ticket processing?

The assistance company will aid students who have lost documents or tickets. If costs are necessary in the shipment or processing of these documents, those costs will be passed on to the insureds.

15. Your plan has an exclusion worded as follows:

*Treatment paid for or furnished under any other individual or group policy or other*

*service or medical pre payment plan arranged through the employer to the extent so furnished or paid, or under any government program or facility set up for treatment without cost to any individual ;*

*As a primary policy, if there was a cost incurred for covered medical services, it would be covered.*

With the above exclusion; the understanding is: In the event another insurance or entity paid for the covered medical services the participant would not be entitled to request payment from you.

Do you agree that this a correct interpretation?

**As a primary policy, CISI will pay a coverable claim if it is filed with us without regard for other insurance plans. However, if the claim has already been paid by another insurance company or benefit, we will not provide a windfall by duplicating the previous payment. One can only recover once.**

**A common example would be an injury that occurs to a student while driving an automobile for which an auto insurance policy is in place. If the auto insurance plan covers the medical costs of the student (auto insurance would be primary in those circumstances also), then receiving payment from the auto insurance company would preclude payment by CISI for the same invoices. However, if the invoices were filed with CISI first, we would pay those claims.**

**Under that same example, if one filed with the auto insurer and was paid minus the deductible and coinsurance – one could still file the unpaid remainder of that claim with CISI.**

16. Please outline the prescription coverage provided by this plan.

**CISI pays prescriptions as any other issue associated with the claim. That is, all invoices go towards the per occurrence maximum benefit. Thus, there is potentially \$500,000 available for prescription benefits (per occurrence).**

17. Do you agree that the initial contract period shall be one or two years as negotiated?

Yes.

18. Upon completion of the initial contract period, does CISI agree that the contract may be renewed by Virginia Tech upon written agreement of both parties for one or two year periods, as negotiated under the terms of a resulting contract?

**Yes.**

19. If awarded a contract, are you willing to hold prices firm for the initial contract period and the first renewal year?

**CISI will always hold prices firm for a one year period. We will endeavor not to raise the rate. However, after the first year, the rate will be based upon an analysis of losses to premium (with some consideration for anomalous losses and evacuations). Should we ever need to alter the rate, we will provide ample notice and explanation to the University... and, of course, the University will always reserve the right to withdraw from the contract and find alternative coverage.**

20. While other factors such as the methodology, quality of service and prior experience are considered during the selection process, the evaluation of price, including the annual maintenance fee, is a key element of the evaluation. With this in mind, has CISI provided your most competitive *price* structure?

**CISI has provided the most competitive price that we have available.**

21. Please identify the highest-level executive in your organization that is aware of this solicitation. Describe that person's commitment to assuring the highest quality service to Virginia Tech if your organization is awarded a contract.

**Linda Langin is aware of this solicitation. She is the chief executive officer of CISI. She is certainly committed to assuring the highest quality service to Virginia Tech (and all of our clients). Steve Hopkins (the individual completing this questionnaire) reports directly to Ms. Langin.**

22. Please describe your quickest turn around time if emergency services are needed.

**The emergency line is available 24-7 and turn around time is basically instantaneous. That is, emergency services could be offered during the first phone call... seconds after calling. Doctors and nurses and translation and security personnel are literally available immediately.**

23. Will you be able to handle increased volumes of business and/or provide service to additional departments during the course of the contract?

**Yes, we are able to handle increased volumes of business and/or to provide service to additional departments. We currently insure approximately 100,000 students per year. We stand ready to insure increased volume as necessary. We are aware that other institutions were specifically referenced in the RFP and if awarded this contract we would plan to provide the details of this contract to those institutions also in hopes that additional Virginia institutions would join the plan. This is not uncommon... CISI's web tools can be set up so that each institution is totally separate from the others – with privacy of students and program in tact and with the printed and web-based materials properly labeled for each institution.**

24. How soon after contract award can you begin providing services?

**We can be fully ready within a matter of days. I would conservatively say that we can have web tools ready, printed brochures in your hands, and our assistance company and CISI claims and enrollment teams ready for Virginia Tech within 10 days of receiving the go-ahead.**

25. Since our purchasing system requires precise and accurate information, please provide the following:

- a. Legal name of your company.
  - b. Trade name (DBA.) if different from legal name.
  - c. Taxpayer identification Number.
  - d. Company name and address to which Virginia Tech should mail purchase orders.
  - e. Company name and address to which Virginia Tech should mail payments.
  - f. IRS W-9 form (Request for Taxpayer Identification Number and Certification).
- 
- a. **Cultural Insurance Services International**
  - b. **N/A**
  - c. **[REDACTED]**
  - d. & e. **CISI, 9 West Broad Street, Stamford CT 06902**
  - f. **We will provide a W-9 as soon as you need it. I believe this information is already on file with your eVA online procurement system.**

26. Please comment on your willingness to comply with the following:

Virginia Tech has entered into an Education Sponsorship Agreement with The Coca-Cola Company and Coca-Cola Bottling Co. Consolidated. Accordingly, any contract or contracts resulting from this solicitation that includes beverage sales as the concept or part of the concept, will require that the contractor only serve Coke products (except for hot coffee or hot tea) in approved cups and will not sell, serve, distribute, sample, advertise or promote (on a brand or generic basis) any competitive products.

**We are willing to comply.**

27. Please comment on your willingness to register and participate in the eVA Internet procurement solution described in the terms and conditions of the RFP.

**I believe we are already registered. We are certainly willing to register and participate.**

28. Do you acknowledge, agree and understand that Virginia Tech cannot guarantee a minimum amount of business if a contract is awarded to your company?

**This is understood. We will work with your personnel to initiate the plan, and hopefully we'll create a great partnership as you grow.**

29. Does the vendor agree that no import customs clearance fees, customs duties, taxes, or other costs or fees shall apply to this contract?

**Yes.**

30. Does the vendor acknowledge, agree, and understand that the terms and conditions of the RFP # 0016394 shall govern the contract if a contract is awarded to your company?

**Yes.**

31. Please submit a revised quotation to incorporate any changes resulting from these negotiations.

**I do not believe that any changes have resulted from this response.**

**There was a clarification in #8 above that varies from the language submitted in the RFP response (though I also stated in that response that it was our intent to meet or exceed all of the requests in the RFP document). If you would like us to alter that one paragraph in the RFP Response and resubmit, we are willing to do so. Otherwise, please recognize that that paragraph and this entire document amends the previous RFP response.**

32. Please advise if any portion of any resulting contract may be subcontracted to small, women-owned and/or minority-owned businesses.

**CISI is not a small, women-owned, or a minority-owned business.**

33. For purposes of interacting with HokieMart, please identify the person (name, phone number, email address, etc.) in your company that will serve as liaison for a) e-commerce, b) accounts receivable, c) emergency orders.

**Steve Hopkins will be your primary contact for all aspects of this contract:**

**Steve Hopkins, 866 866 4691, shopkins@culturalinsurance.com**



## Dulaney, Kim

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**From:** Steve Hopkins [shopkins@culturalinsurance.com]  
**Sent:** Wednesday, June 08, 2011 10:45 AM  
**To:** Dulaney, Kim  
**Subject:** RE: Faculty Student Coverage

Hi Kim,

The coverage is intended to apply to any faculty and/or staff traveling with the students, and for any faculty and/or staff traveling "for study abroad purpose" (speaking at a VaTech facility abroad, visiting a potential study abroad site, signing contracts with foreign providers, bringing medication/picking up students/aiding students abroad, etc). The coverage package and rate is the same for all insureds, including faculty/staff.

Further, we extend the coverage to non-faculty/staff adults (chaperones) if the University considers them to be an official part of the program and is able to exert some control over them in their official role. The most common usage is a professor bringing a spouse to fill the role of a second faculty member when the University believes there is a need to have two faculty/staff members present to properly oversee the program.

It is not our intent to cover travel that is strictly leisure travel (unless it is an extension of the normal study abroad program – that is, if that leisure travel is during the 30 days immediately preceding or in the 30 days immediately following the program). Though, we do own a travel insurance company and are able to offer some options for those traveling abroad without any University business involved.

If that doesn't fully answer the question, please let me know.

Best Regards,  
Steve

Steve Hopkins  
C I S I  
866 866-4691  
Fax 866 866-4693  
[shopkins@culturalinsurance.com](mailto:shopkins@culturalinsurance.com)  
[culturalinsurance.com](http://culturalinsurance.com)

"Travel is fatal to prejudice, bigotry, and narrow-mindedness, and many of our people need it sorely on these accounts. Broad, wholesome, charitable views of men and things cannot be acquired by vegetating in one little corner of the earth all one's lifetime." -- Mark Twain

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**From:** Dulaney, Kim [<mailto:kdulane@exchange.vt.edu>]  
**Sent:** Wednesday, June 08, 2011 10:30 AM  
**To:** Steve Hopkins  
**Subject:** Faculty Student Coverage

Steve,

Can you confirm that the coverage you are proposing will also apply to any faculty and/or staff traveling abroad in addition to students?

Thanks

Kim



POLICY #: GLB 9134275

*The Insurance Company of the State of Pennsylvania,  
A Member of Chartis Insurance*

### Proposal Specification Summary

Name of Sponsoring Organization: **Virginia Tech**

**c/o Eric Miller, Ph.D.  
Program Director, Education Abroad  
Office of International Research, Education and Development Virginia Tech  
526 Prices Fork Road, Room 131  
Blacksburg, VA 24061 U.S.A.  
+1.540.231.8205  
etmiller@vt.edu**

Group to be Insured: Study Abroad Participants

Estimated Number of Participants Per Year: 1000 Dependents: -0-

Effective Date of Policy: 7 (Month) 1 (Day) 2011 (Year)

#### Schedule of Benefits

Medical Expense (Accident/Sickness)	\$ <u>500,000</u>
- Deductible per Injury/Illness	\$ <u>0</u>
Accidental Death & Dismemberment	\$ <u>20,000</u> ✓
Emergency Medical Evacuation/ Return of Mortal Remains	\$ <u>250,000</u> evacuation ✓ \$ <u>100,000</u> repatriation ✓
Emergency Medical Reunion	\$ <u>10,000</u> ✓
Reunification Benefit	\$ <u>1,000</u> ✓
Paliative Dental	\$ <u>500</u> ✓
Mental/Nervous Coverage	\$ <u>50,000</u> In / \$ <u>10,000</u> Out ✓
Pre-existing Coverage	\$ <u>10,000</u> <u>primary then</u> ✓ <u>secondary to \$100,000</u>
Comprehensive Security Rider	\$ <u>250,000</u> ✓
Medical Quarantine Benefit	\$ <u>2,500</u> ✓
Home Country Coverage	\$ <u>10,000</u> ✓

### Premium Schedule

Age Rated: Yes \_\_\_\_\_ No  x

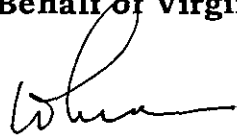
<u>Age Group</u>	<u>Monthly Rate</u>	<u>Weekly Rate</u> (for 1, 2, or 3 weeks)
All Ages	\$30.50	\$8.00

#### Remarks:

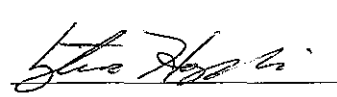
- 1) Nervous/mental coverage are covered as any other condition
- 2) 30 Day extension of benefits up to \$10,000/up to 30 days (issues first treated abroad).
- 3) Lost Luggage / Personal Effects benefit of \$250.
- 4) Maternity is covered as any other condition
- 5) Repatriation/Return of Remains coverage shall also include:
  - "In addition, air fare and lodging expenses will be paid for a family member or designated person to accompany the body to the insured's home country."
- 6) Security Rider extends the evacuation benefit to the following non-medical occurrences:
  1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
  2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or citizens of the Host Country should leave the Host Country;
  3. Verified Physical Attack or a Verified Threat of Physical Attack from a third party;
  4. the Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 7 days of his or her being found
  5. following a natural disaster where "Natural Disaster" means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: is due to natural causes; and results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

**ON Behalf of Virginia Tech**

**On Behalf of CISI**



Date 6/22/2011



Date 6-16-11

Complete and scan or fax to the Administrator: Cultural Insurance Services Int'l.  
River Plaza, 9 West Broad Street  
Stamford, CT 06902-3788  
fax: 866 866 4693  
email: shopkins@culturalinsurance.com