Eligibility
Students, faculty and staff who are participating in Study Abroad programs sponsored by The University of Georgia and who are temporarily engaged in educational activities while outside the U.S. A. are eligible to participate in this Plan. Insured participants may purchase dependent coverage.

Eligible dependents include your lawful spouse and your unmarried children under age 19 who are traveling and residing with you and are chiefly dependent on you for maintenance and support. If a child is born to a participant, coverage will commence from the moment of birth. The newborn child's coverage will cease 31 days following his date of birth unless the Company has received notification of the birth, the enrollment form, and the required premium payment.

Period of Coverage
Coverage will begin 12:01 a.m. Eastern Standard Time on the latest of the following: a) The date of an Insured Person's departure from their home country; b) The date of the Application and premium with respect to the Insured Person are received by the Company or its designated administrator; or c) The date requested in the Application for the Insured Person's coverage.

Coverage will end on the earlier of the following: a) The date of an Insured Person's return to their home country; b) The date requested in the Application for the Insured Person's coverage; or c) The date of termination of this coverage under the Policy Termination provisions.

Optional Extended Coverage
You may purchase this insurance plan for non school related extensions of your Study Abroad program for a maximum of 8 weeks at a rate of $1.00 per day. This coverage should be purchased prior to the commencement of your Study Abroad experience. Arrangements and payment for extensions are the responsibility of the participant and should be made through T.W. Lord & Associates at 1-800-633-2360.

Premiums received by the Insurance Company will be considered fully earned and non-refundable. Refund of premium will be considered only if travel is canceled and the Company is notified before the effective date of coverage.

Accidental Death Dismemberment
If an Insured Person's injury results in any of the following losses within 365 days after the date of accident; we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident. The Principal Sum is $15,000.

For Loss of:

- Life: Principal Sum
- Both Hands or Both Feet or
  Sight of Both Eyes: Principal Sum
- One Hand and One Foot: Principal Sum
- Either Hand or Foot and
  Sight of One Eye: Principal Sum
- Either hand or Foot: One Half the Principal Sum
- Sight of One Eye: One Half the Principal Sum

The term loss as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

Medical Expense Benefits
If Injury or Sickness occurs during the Period of Coverage and you or your insured dependent require medical or surgical treatment; the Plan will pay 100% to a maximum of $500,000 for reasonable and customary charges listed below under the heading Covered Expenses.

Covered Expenses
Only such expenses incurred as the result of and within 180 days of a disease, event, which are specifically enumerated in the following list of charges and which are not excluded 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 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 for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusion, iron lungs, and medical treatment.

Accident and Sickness Expense
The Plan will pay the reasonable covered expenses incurred by the Insured Person's family for medical care should the Insured Person's family assume the responsibility of medical care for the Insured Person.

Reimbursement of Charges
The Company will pay the reasonable covered expenses incurred to return the Insured Person's body home, if he or she dies, not to exceed a maximum of $50,000. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation. In addition we will pay the airfare and lodging expenses for a family member or designated person to accompany the body to the Insured Person's home country. Reimbursement expenses must be approved in advance by the Company.

Emergency Dental Expense Benefit
Emergency dental care will be covered as any other expense to a maximum of $500.00. “Emergency Dental Care” means 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 Insured Person’s health in serious jeopardy; 2) serious impairment to bodily function or; 3) serious dysfunction of any bodily organ or part.

Family Assistance Benefit
If an Insured Person requires hospitalization exceeding five (5) days, the Company will pay the round trip air fare and up to $150.00 per day for lodging expenses for a family member to provide assistance.

Reunification Benefit
In the event that an insured person's mother, father, brother, sister, spouse or child dies while the person is participating in the program, the Company will pay up to $1,500.00 toward the cost of a plane ticket for the insured to return for a visit home.

Post Program Coverage
Benefits will be paid up to $10,000 for expenses incurred in the United States for accidents or illnesses which were first treated while participating in the Study Abroad Program. These expenses must be incurred within 60 days after return to the United States.
Pre-existing Condition Benefit
Notwithstanding other provisions of this contract, 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 to a maximum of $5,000. This provision does not apply when the student is traveling against the advice of his or her doctor. It also does not apply when a student has been diagnosed with a terminal disease (defined as expected to cause death within one year).

Worldwide Travel Assistance
Included in this health insurance program is access to the 24-hour Worldwide Assistance network for emergency assistance anywhere in the world. Simply call the assistance center toll-free or collect. The telephone numbers from around the world are included with your i.d. card and materials. The multilingual staff will answer your call in English and immediately provide reliable, professional and thorough assistance.

The following services are included in the program:
1. Referral to the nearest, most appropriate medical facility, and/or provider.
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.

These services are included in the insurance provided in this program.

Exclusions
For the Accidental Death and Dismemberment Indemnity, the Policy does not cover any loss, fatal or non-fatal caused by or resulting from:
- Intentionally self-inflicted injury;
- Suicide or attempted suicide; while sane or insane;
- War or any act of war; declared or undeclared;
- Service in the military, naval, or air service of any country;
- Illness, disease, or any bacterial infection other than bacterial infection occurring from an accidental cut or wound;
- Piloting or acting as a crew member or riding in any aircraft, except as a fare paying passenger on a scheduled airline.

Exclusions (continued)
With respect to Medical Expense, no benefit shall be payable for expenses incurred:
- For pre-existing conditions defined as an injury or any illness which was contracted or which manifested itself, or for which a licensed physician was consulted; or for which treatment or medication was prescribed prior to the effective date of the Insured Person’s coverage under this Policy (Limited benefits may be provided by the pre-existing condition benefit);
- For services, supplies, or treatment; including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician; or expenses which are non-medical in nature;
- For suicide or attempted suicide; while sane or insane;
- As a result of the Insured Person being under the influence of any drug, unless taken under the advice of a physician;
- For loss incurred as a result of declared or undeclared war; or any act thereof;
- For injury sustained while participating in professional or intercollegiate sports;
- For routine physicals;
- For cosmetic or plastic surgery; except as the result of an accident;
- For elective Surgery;
- For dental care; except as the result of injury to natural teeth caused by accident;
- For eye refraction 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;
- As a result of or in connection with intentionally self-inflicted injury;
- As a result of or in connection with the Insured’s commission of a felony offense;
- For specified named hazards: the driving of any two or three wheeled motorized vehicle, mountain climbing, sky diving, professional or amateur racing, and piloting an aircraft;
- For treatment furnished under any other individual or group Policy, or other service or medical pre-payment plan to the extent so furnished, or under any mandatory government program or facility set up for treatment without cost to any individual;
- For treatment by a family member;
- For treatment relating to birth defects and congenital conditions; or complications arising from those conditions.

Excess Provision
All coverage, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted. This provision will not apply when total covered expenses are less than $1,000.

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The forms and conditions of coverage are set forth in the policy issued in the state in which the policy is delivered. Complete details may be found in the policy on file at your school offices. The policy is subject to the laws of the state in which it was issued.

Please keep this brochure for future reference. If you have any questions concerning this coverage, please call the numbers below.

Claim forms are available from your Study Abroad Program or from T.W. Lord & Associates.

OFFERED BY:
T.W. LORD ASSOCIATES
INTERNATIONAL BENEFITS DIVISION
25 Dodd Street
P.O. Box 1185
Marietta, Georgia 30061
1-800-639-2360
(770) 427-2461
FAX: (770) 429-0638
EMAIL: info@twlord.com

For Students participating in programs sponsored by:
The University of Georgia

2015-2016

Insured by:
UNITED STATES FIRE INSURANCE COMPANY
by Fairmont Specialty, a Division of Crum & Forster