



International Student and Scholar, Visitor Travel Assistance Services

Including:
Medical Evacuation and
Repatriation Coverage
24 Hour Assistance

Licensed Agents:
Repatriationinsurance.com
Ph: +1 877 593 5403
Web: <http://www.repatriationinsurance.com>

Online Enrollment for this plan is at

<https://www.repatriationinsurance.com/buy/evacuation-repatriation-only-plan/>

Important Notice

Neither Trawick International, Inc. nor ON CALL International shall be responsible for the availability, quality or results of any medical care, or failure to provide such service caused by conditions beyond their control, including failure of the Member to obtain medical treatment, or where local laws or regulatory agencies prohibit the rendering of such services.

Medical Assistance and Evacuation Coverage

Trawick International, Inc., in cooperation with ON CALL International is pleased to make available to you the ON CALL Assistance Plan for international travelers. For many years, ON CALL has provided emergency assistance to global travelers. With just one phone call, ON CALL can provide prompt multilingual assistance, which can ensure peace of mind and save you thousands of dollars when and if overseas emergencies occur

Travelers relying on their health insurance plans for international health problems often face serious difficulties in obtaining the care they require. ON CALL facilitates physician and hospital visits by verifying coverage, arranging for direct payment of bills, and issuing required guarantees. ON CALL will also coordinate and pay for a medically-necessary emergency evacuation to a higher level of care. ON CALL is your comprehensive travel protection plan.

Eligibility: Students, faculty, scholars and their dependents engaged in international education/exchange in the US and/or outside their home country. This program is applicable on an inbound basis and meets USIA requirements for medical evacuation and repatriation. This program is available only to eligible participants of a participating institution.

Period of Coverage

This coverage is valid during your enrollment in a participating College or University or teaching program, if the required fees for coverage have been paid.

Effective Dates: Enrollment will begin on the date the completed enrollment form and fees have been received by Trawick International, Inc. Thereafter, the coverage is effective 24 hours a day, worldwide, except whenever the Member is in his/her home country. Coverage will terminate on the earliest of the following dates: (1) upon termination of the Program; (2) the date the Member ceases to meet eligibility requirements.

Coverage Limitation, Terms and Conditions

1) **Participation:** Participants of this Program are defined as Members who have enrolled in and paid for this Program prior to the departure on covered Trip.

2) **The Following Medical/Travel Benefits** will be paid up to the Maximum Combined Single Limit of \$ 50,000 per event per Member:

Emergency Medical Transportation

Evacuation/Repatriation up to \$ 50,000 per Event per Member

Combined Single Limit of \$ 2,500 for One Economy Fare, Round-trip Airline ticket and accommodations and meals not to exceed \$150 per day subject to a maximum of 5 days for a Family Member to join hospitalized Member

Return of Dependent Children up to \$ 2,500 per event per Member;

Return of Deceased Remains up to \$ 50,000 per event per Member

3) **The Following Expenses Are Not Covered:** Services other than those indicated herein.

SERVICES RENDERED WITHOUT THE AUTHORIZATION AND/OR INTERVENTION OF ON CALL INTERNATIONAL.

Intentionally self-inflicted injuries.

Services provided for a Member for which no charge is normally made.

Expenses incurred if the original or ancillary purpose of the Member's trip is to obtain medical treatment.

Participation in a declared or undeclared act of war, civil disturbance or insurrection, accident occurring while the Member is serving on full-time or active duty in the Armed Forces of any country or international authority, flight in aircraft being used for experimental purpose, or in military aircraft (except the Military Aircraft Command of the United States or similar air transport Services) or while serving as a member of the crew of any aircraft.

Use of any alcohol or drug unless prescribed by a physician. Any services provided to an injured person where the Member is entitled to receive reimbursement for such expenses under any group insurance program maintained by the Member's insurance company or employer.

Routine or non-disabling medical problems, such as simple fractures, or sickness, which can be treated by local doctors and do not prevent the injured person from continuing the trip or returning home. Any expenses incurred while traveling within 100 miles of an eligible Member's primary place of residence.

4) Limitations: ON CALL does not provide coverage caused by or resulting from -

Traveling against medical advice; applying for membership while hospitalized, mental or emotional disorders, unless hospitalized; participating in bodily contact sports, skydiving, hand gliding, parachuting, mountaineering, any race, bungee cord jumping, and speed contests; traveling in any country in which the U.S. State Department issued travel restrictions; the commission of or attempt to commit an unlawful act.

All legal actions arising under this Agreement shall be barred unless written notice, thereof, is received by ON CALL within one year from the date of event giving rise to such legal action. ON CALL cannot be held responsible for failure to provide services or for delays caused by strikes or conditions beyond its control, including but not limited to flight conditions, or where rendering of service is prohibited by local laws or regulatory agencies.

Member may be required to release ON CALL or any health care provider from liability during emergency evacuation and/ or repatriation.

Without limiting the foregoing, ON CALL's actions and obligations under this Agreement are ministerial in nature, and all medical care is provided by medical professionals ultimately selected by a Member and in no event is the responsibility of ON CALL. ON CALL is not liable for any malpractice performed by a local doctor, health care provider or attorney.

ON CALL retains the medical discretion to limit one emergency evacuation and or repatriation attributable to any single medical condition of a Member.

ON CALL, at its sole discretion, will assist Members on a fee for service basis for interventions falling under Section B. ON CALL reserves the right, at its sole discretion, to request additional financial guarantees or pre-payment or indemnification from the Member prior to rendering such service on a fee for service basis.

5) Payment of Subscription Fees and Reimbursements: All initial and supplemental fees are due and payable on or before the departure date of the covered trip. ON CALL shall have no obligation to render services hereunder unless and until subscription fees have been paid in full. Subscription fees and Reimbursement are net of any applicable taxes.

6) Refunds: There are no refunds available with this policy.

Medical Benefits

1) Up to \$50,000 Emergency Medical Transportation: (Evacuation/Repatriation)

If a Member is away from his/her permanent residence and is involved in an accident or suffers sudden illness, and medical treatment is not available in the opinion of the ON CALL physician, ON CALL will make arrangements and pay for transfer to the nearest facility capable of providing adequate care.

2) Up to \$2,500 Joining of Injured Family Member: If a Member is injured away from home and will be hospitalized for more than 7 days, at the Member's request, ON CALL shall make and pay for, economy travel arrangements for a parent or family member to join the Member.

3) Up to \$2,500 Joining of Family Member Accommodation: If a Member is injured away from home and will be hospitalized for more than 7 days, and ON CALL has made travel arrangements for a parent or family member to join the Member ON CALL shall also make suitable hotel arrangements and pay for hotels and meals up to a maximum of \$ 150 per day to a maximum of 5 days.

4) Up to \$ 2,500 Return of Dependent Children: If a Member is hospitalized for more than seven (7) days, ON CALL will return the Member's minor children who are under 18 years of age and accompanying him/her on the trip, to their home, with an attendant if necessary.

5) Up to \$50,000 Repatriation of Deceased Remains: In the event of a Member's death away from home, ON CALL will render every assistance possible to obtain necessary clearances and arrangements for the return of deceased remains and pay such reasonable expenses associated with the return.

6) Medical Monitoring: ON CALL shall, via telephone, monitor the Members condition when hospitalized and provide ongoing updates to the Member's family. Depending upon the medical and/or geographical situations, ON CALL may retain the services of consulting physicians/nurses and/or other medical professionals with relevant areas of expertise to assist in the monitoring of Member's condition. ON CALL does not provide or control the provision of medical services to Members. The attending medical practitioner and/or the Member or their representative makes all decisions regarding medical services. The parties understand and agree that the rendering of medical services to a Member and the result thereof are solely within the control of medical practitioners and/or other providers of the services and advice. ON CALL and performance of its obligations, shall not constitute any undertaking to render any medical services, to assume or guarantee the result of medical services provided on behalf of Members, or to guarantee that the medical services performed by others will be rendered in accordance with generally accepted standards or procedures.

7) 24 Hour Nurse Help Line: ON CALL shall provide Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments.

8) Pre-Trip Planning: ON CALL shall provide up to date information either by email, fax or over the phone regarding vaccinations requirement, health risks, travel restrictions and weather conditions for global destinations worldwide.

9) Medical, Dental and Pharmacy Referrals: ON CALL shall provide, at the Members request, referrals to medical, dental professionals and pharmacies in the given geographic area locations of western style medical facilities and English speaking doctors, dentists and other health care providers in an area served by ON CALL to the extent possible. **Deposits, Advances and**

10) Guarantees: Deposits, advances and guarantees will be provided for, but not limited to, medical facilities, hotels, airlines, ground and air ambulances and other like providers to secure service for Member. Any advances of funds on behalf of the Member shall be charged to the Member's credit card at the time of service.

11) Dispatch of Medicine: ON CALL shall dispatch to the Member prescription medicine, when not locally available and legally permissible, upon the written authorization of Member's Primary Physician. The Member is responsible for any expenses incurred in this regard, including but not limited, to the cost of the pharmaceuticals, shipping cost, taxes or other import/export duties. These expenses will be billed to the Member's credit card prior to shipping.

12) Dispatch of Physician/Nurse: When a Member is away from home ON CALL may at its sole discretion dispatch to the Member's location a physician or other health care professional to assist in determining the medical condition and suitability to travel to a Member who has been hospitalized.

13) Medically Supervised Repatriation: If in the opinion of ON CALL's physician, it is medically advisable to transfer a sick or injured Member who is away from home to a medical facility nearest his/her permanent residence following stabilization, ON CALL shall make the arrangements and pay for transfer up to the limit of Coverage.

Assistance Services

1) Travel Assistance: At the Member's request, ON CALL shall assist Member once a trip has started with changing airline hotel or car rental reservations. **Translation and Interpreters** ON CALL will provide foreign language assistance over the telephone or up to one-page translations submitted via fax. ON CALL will also provide referrals to local translators and interpreters. Fees for these types of translators are the responsibility of the Member.

2) Emergency Cash Advance Assistance: ON CALL shall provide assistance to Members by arranging for the forwarding of funds from Member's credit cards or family members. Any fees associated with the transfer of funds will be the responsibility of the Member.

3) Replacement of Lost Traveling Documents Assistance: ON CALL shall provide assistance to Members by arranging for the replacement of passports, airline documents, birth certificates and other travel-related documents. Any fees required for the acquisition or forwarding of these documents is the responsibility of the Member.

4) Emergency Message Forwarding Assistance: In the event a Member is unable to reach an employer, family member or traveling companion, ON CALL shall forward a message via telephone to the intended party.

5) Lost Luggage Assistance

ON CALL shall assist Member with the tracking of luggage lost in transit.

6) Legal Referral: If a Member is away from home and is arrested, or requires the services of an attorney, ON CALL shall arrange for an initial telephone consultation with an attorney without charge to Member. If needed, a Member will be referred to an attorney in the appropriate geographical area. Fees and costs charged by the referred attorney shall be the responsibility of Member.

8101 Enrollment Form

Producer # 226

Please Print - Annual Premium: **\$75 per Person**

Requested Start Date ____/____/____

Last Name _____ First Name _____

Date of Birth _____ Gender Male Female Trawick ID number _____

Arrival Date in Host Country ____/____/____ Type of Visa Held _____

School Name _____ Student ID number (if applicable) _____

Student Advisor _____

Home Country Address _____

Phone Number _____ Email Address _____

Insurance Company: _____ Policy Number: _____ Name on Health Insurance Plan: _____

Dependents: Check here if enrolling dependents only

1) Last Name _____ First Name _____

Date of Birth _____ Gender Male Female

2) Last Name _____ First Name _____

Date of Birth _____ Gender Male Female

3) Last Name _____ First Name _____

Date of Birth _____ Gender Male Female

4) Last Name _____ First Name _____

Date of Birth _____ Gender Male Female

Calculate Total Premium

Number of People ____ x \$75 = Total due \$ _____

Check Money Order Credit Card: Visa MC DISCOVER

Credit Card Number _____ Exp. Date: ____/____ CVV code _____

Print Name on Credit Card _____

Signature of Cardholder (if different from Participant) _____

Make payable to Trawick International, Inc. and Fax 251-666-1806 or Email info@trawickinternational.com or mail with enrollment form to:

Trawick International, Inc.

1956-J University Blvd. S., #264

Mobile, AL 36609

I hereby certify that as the applicant named above, I am a non-resident alien and not a resident of the Host Country and that I am temporarily engaged in international educational activities.

As a condition precedent to ON CALL's liability, the Member will, upon request, execute an agreement to empower ON CALL to obtain relevant medical information from the home physician, to collect due proceeds from insurance or other sources, and undertake to reimburse expenses incurred on the Member's behalf by ON CALL that are not covered under the individual program.

I have read and understand the Conditions of Sale contained in this brochure. **Enrollment will be effective upon receipt of payment and the completed application.** Application and credit card authorization is hereby made:

Signature of Participant or Guardian

Date