

**2010 • 2011**

# **Stand Alone Medical Evacuation and Repatriation Insurance Plan**

**Policy Number: CLSP0004-10**

**For the International Students of:**



- \* Texas A&M University
- \* Prairie View A&M University
- \* Tarleton State University
- \* Texas A&M International University
- \* Texas A&M University – Central Texas
- \* Texas A&M University – Commerce
- \* Texas A&M University – Corpus Christi
- \* Texas A&M University – Galveston
- \* Texas A&M University – Kingsville
- \* Texas A&M University – Qatar
- \* Texas A&M University – San Antonio
- \* Texas A&M University – Texarkana
- \* Texas A&M University System Health Science Center
- \* West Texas A&M University

**Approved by:  
THE TEXAS A&M UNIVERSITY SYSTEM**

**2010 • 2011**

**[www.TAMUINSURANCE.com](http://www.TAMUINSURANCE.com)**

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## INTRODUCTION

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This is a brief description of the Medical Evacuation and Repatriation Expense benefits available to international students of The Texas A&M University System. Please keep this brochure as a general summary of the insurance. The Master Policy contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the brochure and the Policy, the Master Policy will govern and control the payment of benefits.

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## ELIGIBILITY

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All registered International students of The Texas A&M University System, and English Language Institute students in on-campus attendance, are eligible to participate in the Insurance program described in this brochure.

This plan is only available to students not enrolled in the The Texas A&M University System Accident and Sickness Plan.

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## TERM OF COVERAGE

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Coverage begins at 12:00 a.m. on August 17, 2010, or the date premium is paid, if later, and will remain in force through August 16, 2011.

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## REFUND OF PREMIUM

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Fees received by the Company are fully earned upon receipt. Refund of fees will be considered only as specifically provided in the case of entry in the Armed Forces. No other refund will be allowed.

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## EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT

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This benefit applies only to International Students. In the event of a serious Injury or Sickness, this benefit will pay the actual expenses of up to \$10,000 for the Covered Expenses incurred, if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person. Emergency Medical Evacuation must be approved in advance by Us.

### Emergency Medical Evacuation means:

- (a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or
- (b) for International Students, after being treated at a local Hospital; the Insured Person's medical condition warrants transportation to his/her Home Country to obtain further medical treatment to recover.

Covered Expenses are Expenses up to the maximum stated in the Plan of Insurance for: (a) Transportation, (b) medical services, and (c) medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company.

Home Country means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the Insured Person has declared with the Company.

Transportation means any land, water or air conveyance required to transport the Insured Person during an Emergency Medical Evacuation. Expenses for special transportation must be: (a) recommended by the attending Doctor; 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 Doctor.

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## REPATRIATION OF BODY REMAINS EXPENSE BENEFIT

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This benefit applies only to International Students. In the event of the death of an Insured Person, We will pay the actual charges of up to \$10,000 for the Covered Expenses for the preparation and transportation of the Insured Person's remains to his or her Home Country or home residence. Covered Expenses include expenses for embalming, cremation, coffins and transportation. Repatriation of Body Remains must be approved in advance by Us. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit.

Covered Expenses include, but are not limited to, Expenses for embalming, cremation, coffins, and transportation.

Home Country means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the Insured Person has declared with the Company.

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## PREMIUM

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\$25 per person insured. Not Pro-ratable.

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## SUBROGATION

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If We pay Covered Expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the amount recovered, up to the amount of your benefits we have paid under this plan. We may also take subrogation action directly against the third party. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

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## IN THE EVENT OF AN EMERGENCY:

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In the event of an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the Assistance Company. The Assistance Company will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact OnCall in the event of an emergency, call **1-800-850-4556**.

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## ON CALL TRAVEL ASSISTANCE SERVICES

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Included in this health insurance program is access to a 24-hour worldwide assistance network for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

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.

Contact *OnCall International* for any of these services:  
Toll Free from U.S. and Canada: 1-800-850-4556  
Call collect from outside the U.S. 603-898-9159  
[www.oncallinternational.com](http://www.oncallinternational.com)

Medical Benefits Underwritten by:



**Companion Life**

**Companion Life Insurance Company**

Claims should be mailed to:  
**Administrative Concepts, Inc.**  
**994 Old Eagle School Road, Suite 1005**  
**Wayne, PA 19087-1802**  
**(800) 452-5772**

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**DIRECT ALL INQUIRIES TO:**



**ASSOCIATED  
INSURANCE PLANS**  
INTERNATIONAL, INC.

Post Office Box 189  
Libertyville, Illinois 60048  
(800) 452-5772 • Fax (847) 281-8813  
e-mail: [office@AIPstudentinsurance.com](mailto:office@AIPstudentinsurance.com)  
**[www.TAMUINSURANCE.com](http://www.TAMUINSURANCE.com)**  
(Between the hours of 8:00am – 7:00pm CST)

**TEXAS A&M UNIVERSITY SYSTEM  
STUDENT ENROLLMENT CARD  
MEDICAL EVACUATION AND  
REPATRIATION BENEFIT**

**2010 • 2011**

Please indicate the school you attend:

- Texas A&M University
- Prairie View A&M University
- Tarleton State University
- Texas A&M International University
- Texas A&M University-Central Texas
- Texas A&M University-Commerce
- Texas A&M University-Corpus Christi
- Texas A&M University-Galveston
- Texas A&M University-Kingsville
- Texas A&M University-San Antonio
- Texas A&M University-Texarkana
- The Texas A&M University System Health Science Center
- West Texas A&M University

**Student's Name** \_\_\_\_\_  
(First) (M) (Last)

**Date of Birth** \_\_\_\_\_

**Student I.D. #** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Address** \_\_\_\_\_ (Apt. #) \_\_\_\_\_

**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Email address** \_\_\_\_\_

I would like to participate in this Insurance Plan. My check or money order for the coverage checked below is enclosed.

- |                                                                                          | <b>Cost Per<br/>Person Insured</b> |
|------------------------------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> <b>Full Year</b> - August 17, 2010 to August 16, 2011           | \$25                               |
| <input type="checkbox"/> <b>Spring &amp; Summer</b> - January 1, 2011 to August 16, 2011 | \$25                               |
| <input type="checkbox"/> <b>Summer Only</b> - May 17, 2011 to August 16, 2011            | \$25                               |
| <input type="checkbox"/> Insure each Dependent at the same cost shown above.             | \$25 (each)                        |

**Total enclosed \$** \_\_\_\_\_

Names of Dependents to be Insured:

**Spouse** \_\_\_\_\_

**Child** \_\_\_\_\_

**Child** \_\_\_\_\_

**Signature of Student** \_\_\_\_\_

Make check or money order payable to Student Insurance Plan.  
Mail this enrollment card along with premium payment to  
Post Office Box 189, Libertyville, Illinois 60048.