

## Useful Information

**Policy number** : Please see your ID Card

**Travel insurance provided by** : AVI International

**Emergency phone number** : 1-888-551-9798 (toll free number)

When calling the Emergency Center, please identify yourself under your Policy number printed on your ID Card.

## Definitions of Terms

### Introduction

As a participant, you are covered by the tailor-made medical package designed by AVI International. The purpose of this leaflet is to familiarize you with your insurance coverage in order to make your participation in the program an educational, enjoyable and worry-free experience.

**Period of insurance coverage** : The insurance coverage starts when your passport is stamped by the US customs officer when you enter the US for the first time under your work / exchange visitor visa. Coverage is valid for the number of months you are a participant in the program.

**I.D. card** – In addition to this leaflet, you have received your AVI International insurance I.D. card. This card identifies you as an insured participant. Keep this card with you at all times. You may need it for doctors, hospitals and others who require proof of insurance before providing services.

**Emergency help/ Hospital treatment** - The Emergency Center **MUST** be contacted in the following cases:

- 1-Accident or acute illness, with hospitalization
- 2-Accident dental care/treatment
- 3-Medical evacuation
- 4-Domestic travel in connection with treatment
- 5-Repatriation of remains

**Failure to call the Emergency Center may lead to coverage denial or to partial coverage only.**

When calling the Emergency Center at **1-888-551-9798** (toll free number), you will be assisted about your coverage and medical treatment/services. The Emergency Center is open 7 days a week, 24 hours a day and employs a multi-lingual staff.

**Medical providers network/ Doctor visits** : We strongly recommend you call the Emergency Center so it can guarantee payment to your medical provider (**provided care is covered under your policy**) and to check your coverage limit. Please visit our website [www.avi-international.info](http://www.avi-international.info) to find our nearest participating medical provider.

**Illness** : The term “illness” means unexpected sickness or disease of any kind contracted and commencing after the effective date of this policy which causes a “loss” covered by this policy.

**Accident/Injury** : The term “injury/accident” wherever used in this policy means bodily injury caused solely and directly by accidental, external, and visible means occurring while this policy is in force and resulting directly and independently of all other causes in a loss covered by this policy.

**Work accident** : In case of accident at work, this coverage is secondary to the employer's work compensation.

**Sport accident** : In case of accident while practising a sport in a club, this coverage is secondary to your club insurance policy. In the case your club cannot provide accident insurance, coverage can be purchased from AVI International through your sponsoring organization at extra charge.

**Car accident** : Note that AVI International provides coverage only in excess of any other auto insurance coverage available to pay medical care for the insured. This means that the claim **will have to be submitted first to the auto insurance company(ies)** of all drivers involved in the accident.

To submit the claim for payment of the excess, the insured must provide a police report and written proof from the concerned auto insurance company that all benefits have been paid, no matter what coverage is used : medical care, uninsured motorist, etc. or that no coverage is available.

Also, in filing a claim you agree to release all information which the insurance company requires.

**Only original invoices will be considered proof of rendered services.**

## Travel Insurance Coverage for participants under work / exchange visitors visas

<b>A. ILLNESS or ACCIDENTAL INJURY</b>	<b>Maximum Compensation</b>
* Cost of treatment	US \$ 100,000.00 maximum limit
* Treatment and care	necessary and reasonable
* Dental care necessitated by accident	US \$ 200.00 maximum limit
<b>B. TRAVEL COST Maximum Compensation</b>	
* Ambulance in connection with treatment	necessary and reasonable up to US \$ 10,000.00
* Medical evacuation to home country	necessary and reasonable up to US \$ 10,000.00
* Repatriation of remains	necessary and reasonable up to US \$ 7,500.00

## C. INSURANCE EXCLUSIONS

### 1- Medical / Accident Exclusions

Preventive or routine medical and eye examinations ; vaccinations and immunizations ; medications not prescribed by a physician ; knee surgery and any hospitalization, surgery and subsequent treatment, in-patient investigation **NOT approved** by the Emergency Center ; eyes glasses ; contact lenses ; artificial limbs ; acne (unless treated with antibiotics); medical treatment for primarily cosmetic reasons (e.g. removal of warts, scars, moles, etc...) ; cost of treatment related to birth control, pregnancy, abortion, childbirth, or illness related to pregnancy ; treatment related to malaria, hepatitis C, HIV or AIDS or sexually transmitted disease ; treatments related to eating disorders such as but not limited to anorexia, bulimia, etc ; use of sedatives ; use of illegal substances such as narcotics or assimilated drugs not prescribed by a physician ; alcohol intoxication and/or abuse ; medical care and/or evacuations for pre-existing conditions/illness defined as:

a- treatment prescribed by a physician in the insured's home country as well as treatment stemming from a prior illness,  
b- treatment due to chronic medical or mental illness previously known or unknown to the insured as well as their consequences,  
congenital illness such as but not limited to pilonidal cyst ; infected ingrown toenails, corns, warts. . . ; physiotherapy / chiropractic ; injuries resulting from sports competitions ; accidents or injuries resulting from participation in high-risk or violent sports such as but not limited to: scuba-diving, horse jumping, hang gliding, skiing or snow boarding outside maintained trails or slopes of ski resorts, mountaineering, hunting, use of firearms or air/spring-powered guns, parachuting, ice hockey, boxing and martial arting, wave running, budge cord jumping, etc ; injuries resulting from initiation, by the insured, of a criminal/illegal act or act of violence ; suicide, attempted suicide or self-inflicted injuries ; injuries incurred as a driver of any recreational vehicle and driver or passenger of a motorcycle ; cost of travel related to injury resulting from the above listed exclusions or dismissal from the program.

### 2- Dental Exclusions

Routine dental examinations ; dental crowns, crown build up, crown reconstructive work ; orthodontics (non-accident related), restorative work ; broken or chipped teeth, loosened or lost fillings/amalgams while eating, chewing and biting ; all other treatments, not necessary to alleviate pain caused by an accident.

**Deductible** : A US\$ 250 deductible will be applied for emergency room visits unless:

1. You are admitted to the hospital OR
2. Treatment was necessary for acute illness or accident.

## Claims Handling Procedure

**If a loss occurs, you must follow the below noted instructions, depending on your situation :**

1/ you called the alarm center but you still receive medical bills or statements of account **OR** you did not call the alarm center but the medical provider you visited accepted to bill us directly, please forward all the original paperwork to:  
**AVI Assistance- SelectCareWorldwide - 2316 Delaware Ave #292-Buffalo, NY 14216-USA**  
E-mail: [avi-claims@selectcareworldwide.com](mailto:avi-claims@selectcareworldwide.com) Phone: 1-888-551-9798 (toll free) or 1-416-340-7317

2/ you did not call the alarm center and you paid for the medical services rendered, please send all the paperwork to :  
**ARMSCO - AVI Claims - P.O BOX 3514 – SAN RAFAEL, CA 94912 – USA**  
Phone : **1-800-477-2767** or **(415) 459-2620** Fax: **(415) 453-8672**

Please also note that **itemized ORIGINAL** invoices, receipts, bills and completed claim form are requested for claims handling and processing.

Please send your complete file within 2 weeks of date of service to the dedicated claims office. **It is your responsibility as an insured to do so.**

Additional claim forms are available from the above claims offices or at [www.avi-international.info](http://www.avi-international.info) (tick the box ‘Claim Form’).

Please be advised that this policy is subject to a **time limitation for claims processing and payment** :

You have **one year** to send your claim from:

- the date your illness was diagnosed,
- the date of your accident leading to injury.

**No reimbursement will be paid to you by the Insurance Company after this one year period (12 months)**

**Claims and subrogation** – It is an obligation of the insured to let the Insurance Company, the Claims Office or the Emergency Center know of a loss as soon as the insured himself is made aware of that damage. In case of false or fraudulent statement, the policy shall be void.

The subrogation right of insurance companies may apply.

**This means that the insurance companies retain the right to take legal actions against the party causing you the damage or injury, be it a friend or your host family. If you deny this right to the insurance carriers underwriting this contract, you deny yourself the right to compensation for the particular claim leading to the subrogation right. If the insurance companies have already paid providers fees on your behalf, these will have to be reimbursed by you to the insurance companies or their legal representative / counsel. This will have no effect on other coverages of the contract which will still be considered valid.**

### Your Insurance Professional :

Your policy, and the unique coverage it offers has been conceived specifically by AVI International, an insurance broker specializing in insurance programs for youth and student travel for over 30 years.

AVI International  
30, rue de Mogador  
75009 PARIS  
FRANCE

### Insurance Carrier : - ACE European Group, France

ACE European Group Limited

General Management for France : Le Colisée - 8, avenue de l'Arche - 92419 Courbovoix Cedex -  
Identification number: 450 327 374 00028 - R.C.S Nanterre - APE 65.12Z. Head Office: 100 Leadenhall street - London, EC3A 3BP - United Kingdom. S.A. with a capital of 544.741.144 € Control authority: Financial Services Authority 25 The North Colonnade, Canary Wharf, London, E14 5HS United Kingdom. Some cases could be controlled under conditions different from those applicable in the United Kingdom.

This is the carrier underwriting the contract at the time of printing. If need be, it can be changed by AVI International, provided coverages remain unchanged. If such an event were to occur, insureds of the policy would be notified.

Dear Participant,

Thank you so much for your trust in our Medical Travel Insurance Package. Should you still have time to give us, please do not hesitate to let us know your suggestions and feelings about your experience in the "World of Insurance".

We hope you enjoyed your stay as much as AVI International services.

We are looking forward to hearing from you soon.

Kind regards from AVI staff.

*Suggestions,*

Please send your mail to:

AVI International  
30 rue Mogador  
75009 PARIS  
FRANCE



This medical insurance plan was designed by :

AVI International  
30, rue de Mogador  
75009 PARIS  
FRANCE  
Fax : +33.1.40.82.90.35  
E-mail : [avi-international@wanadoo.fr](mailto:avi-international@wanadoo.fr)  
Web : <http://www.avi-international.net>

**Intrax**  
**CAREER TRAINING**



*The travel insurance*