

## DEFINITIONS

The following important definitions apply to this plan:

**Accident** means a sudden, unforeseeable external event which results in an Injury. The Accident must occur while the Insured is covered under the Policy.

**Injury** means bodily injury due to an Accident which: 1) results solely, directly and independently of disease, bodily infirmity or any other causes; 2) occurs after the Insured's effective date of coverage; and 3) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

**Insured** means an eligible student for whom application has been accepted and proper premium payment has been made and who is therefore insured under the Policy.

**Medically Necessary** means a treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided.

**Pre-Existing Condition** means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the six (6) months prior to the Insured's effective date of coverage under the Policy. Pregnancy, including complications of pregnancy, will not be considered a pre-existing condition.

**Reasonable and Customary (R&C)** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of: 1) the actual amount charged by the provider; 2) the negotiated rate, if any; or 3) the charge which would have been made by the provider of medical services for a comparable service or supply made by other providers in the same geographic area, as reasonably determined by the Company, for the same service or supply.

**Sickness** means illness or disease which begins after the effective date of an Insured's coverage, which are not a Pre-Existing Condition. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

## HOW TO SUBMIT A CLAIM

1. Always carry your identification card with you. You may obtain an ID card by detaching the card attached to the enrollment form, by calling Renaissance Agencies, Inc. at **1-800-537-1777** or by accessing the internet website **www.renstudent.com**.
2. If you go to the physician's office or to the hospital, be sure to show your identification card. If the physician or hospital needs to verify your coverage, have them call Personal Insurance Administrators, Inc. at **1-800-468-4343**.
3. Complete the insurance company claim form. Claim forms are available from Personal Insurance Administrators, Inc. or you may download a claim form from the internet website: **www.renstudent.com**.  
Be sure to include your policy number (as shown on your ID card) on the claim form.  
Answer all the questions and be sure to sign the claim form before submitting it.
4. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these bills to the claim form.
5. Send your claim form and all other bills to Personal Insurance Administrators, Inc. at the address below. Try to have all itemized bills attached to the same claim form.
  - a) Please do not send bills without completed claim form. Bills cannot be considered unless all the information required on the claim form is submitted.
  - b) A properly completed claim form must be submitted for each Injury or Sickness.
6. All claims should be sent to:  
**Personal Insurance Administrators, Inc.**  
**P.O. Box 6040**  
**Agoura Hills, CA 91376-6040**
7. If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

*A claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be paid.*

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on Medical Necessity.

2008–2009



# International Student Repatriation and Medical Evacuation Insurance

This is a benefit plan designed to protect international students against unforeseen costs while studying outside their home country.

**Administrative Agent:**  
Renaissance Agencies, Inc.  
CA License No. 0697235

**Underwritten by:**  
Delos Insurance Company

**Claims Administrator:**  
Personal Insurance Administrators, Inc.

**Policy Number:**  
DSP00007-08

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## INTRODUCTION

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This Brochure outlines the basic details of your insurance coverage which has been selected by the University. An ID Card is attached to your enrollment form. Please detach and retain for proof of coverage.

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## ELIGIBILITY

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An international student, visiting faculty, scholar or other person with a current passport or student visa (F-1, J-1 or M-1 visa) temporarily located outside his or her home country while engaged in full-time educational activities through the University, and who has not been granted permanent residency status, is eligible to be insured under the Policy. This coverage is not available for dependents.

Insureds must have paid the required premium and their name, student number and date of birth must have been included in the declaration made by the University or the Administrative Agent to the Insurer. Insureds must actively attend classes for at least the first 31 days of the period for which coverage is purchased, except in the case of medical withdrawal. The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium less any claims paid.

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## WHEN COVERAGE BEGINS AND ENDS

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Coverage begins at 12:01 a.m., if the eligibility requirements are met, on the later of: 1) the Effective Date reported as the term of coverage by the University or the Plan Administrator; or 2) the day immediately following the date that full premium and completed application are received by the Plan Administrator, University, or the Plan Administrator's Designee.

Coverage ends at 12:01 a.m. on the earliest of: 1) the last day for which premium has been paid; 2) the date the Insured ceases to be eligible for this insurance; or 3) the date the Policy terminates.

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## COST OF COVERAGE

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The cost of the coverage is \$26.00 per year.

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## DESCRIPTION OF COVERAGE

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### COVERAGE A

#### MEDICAL EVACUATION EXPENSE

When, as a result of an Injury or Sickness, the Insured is hospitalized for at least five (5) consecutive days, the Company will pay the Reasonable and Customary Charges for evacuation to the home country or to a facility operated pursuant to the law of the home country for the care and treatment of injured or ill persons, or to another medical facility in the United States. Such action must be medically necessary and upon the recommendation of the Claims Administrator of the Policy and approval by the attending physician. The Company will pay the actual expense incurred, but not to exceed the Maximum Aggregate Benefit of \$10,000. All transportation must be arranged in advance by the Claims Administrator.

### COVERAGE B

#### REPATRIATION OF REMAINS EXPENSE

In the event of an Insured's death while covered under the Policy, the Company will pay the actual expense incurred for preparation and transportation of the remains back to the home country or country of regular domicile. If applicable, such action will be in accordance with any international requirements. The Company will pay the actual expenses incurred, but not to exceed the Maximum Aggregate Benefit of \$10,000. All expenses must be approved by the Claims Administrator of the Policy before the remains are prepared for transportation.

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## GENERAL EXCLUSIONS

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This plan does not pay benefits for:

1. Treatment, services or supplies which:
  - a) Are not Medically Necessary;
  - b) Are not prescribed by a doctor as necessary to treat a Sickness or Injury;
  - c) Are determined to be experimental/investigational in nature by the Company;
  - d) Are received without charge or legal obligation to pay;
  - e) Would not routinely be paid in the absence of insurance;
  - f) Are received from any family member;
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country;
3. Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane;
4. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law;
5. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or insurrection or engaging in an illegal occupation;

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## General Exclusions (continued)

6. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitates medical treatment within 24 hours of the Accident. Correction of deviated nasal septum shall be considered as cosmetic surgery for the purpose of the Policy;
7. Loss due to or arising from the influence of alcohol or intoxicants, or the use of drugs except as prescribed by a doctor;
8. Expenses that would be payable, or medical treatment that is available, under any governmental or national health plan for which the Insured could be eligible;
9. Expenses resulting from a motor vehicle accident if the Insured is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place. This exclusion will not apply to passengers if they are insured under the Policy;
10. Injury resulting from participating in interscholastic, intercollegiate or professional sporting events, racing or speed contests, skin diving or sky diving or mountaineering (where ropes or guides are customarily used);
11. Congenital conditions;
12. Any service performed primarily to improve physical appearance without correction or material improvement of a bodily malfunction;
13. Expenses incurred within the Insured's home country or country of regular domicile; and
14. Expenses incurred for Pre-Existing Conditions. This limitation will not apply if, during the period immediately preceding the Insured's effective date of coverage under this Policy, the Insured was covered under prior creditable coverage for six (6) consecutive months. This waiver will apply only if the Insured becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage. Prior creditable coverage of less than six (6) months will be credited toward satisfying the Pre-Existing Condition limitation. The Insured must provide the Company with proof of prior creditable coverage.

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## EXCESS COVERAGE

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This plan of insurance is secondary and provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other valid and collectible insurance. If the Insured is covered by other valid and collectible insurance, all benefits payable by such insurance will be determined before benefits will be paid by this plan. This plan is the second payor to any other insurance having primary status or no coordination or non-duplication of benefits provision. Benefits paid by this plan will not exceed: 1) any applicable plan maximums; and 2) 100% of the compensable expenses incurred when combined with benefits paid by any other valid and collectible insurance.

DELOS INSURANCE COMPANY  
POLICY NUMBER DSP00007-08

2008-2009  
**SAN DIEGO STATE UNIVERSITY—TRAVEL STUDY DIVISION  
REPATRIATION AND MEDICAL EVACUATION INSURANCE**

**1. PLEASE PRINT CLEARLY • ANSWER ALL QUESTIONS**

STUDENT'S LAST NAME/FAMILY NAME					
STUDENT'S FIRST NAME					MIDDLE INITIAL
PERMANENT U.S. MAILING ADDRESS—# AND STREET NAME			APT/BOX #	CITY	STATE ZIP
STUDENT'S PHONE NUMBER	STUDENT'S E-MAIL ADDRESS		STUDENT'S DATE OF BIRTH (MM/DD/YY)		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STUDENT'S SOCIAL SECURITY NO.	STUDENT ID NUMBER	COUNTRY TRAVELLING TO		<input type="checkbox"/> U.S. STUDY ABROAD STUDENT <input type="checkbox"/> INTERNATIONAL STUDENT VISA: <input type="checkbox"/> J-1 <input type="checkbox"/> F-1	

**2. HAVE YOU EVER BEEN INSURED WITH THIS COMPANY BEFORE?**  NO  YES

**3. PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION**

**4. PLEASE INDICATE THE DATES OF YOUR PROGRAM**

ANNUAL TERM	START DATE OF SCHOOL-SPONSORED PROGRAM (MM/DD/YY)	END DATE OF SCHOOL-SPONSORED PROGRAM (MM/DD/YY)
STUDENT <input type="checkbox"/> \$26.00	_____	_____

**5. MAKE CHECK OR MONEY ORDER PAYABLE TO:** DELOS INSURANCE COMPANY  
YOUR CANCELLED CHECK IS YOUR RECEIPT FOR PAYMENT OF PREMIUM

**6. MAIL PAYMENT AND ENROLLMENT FORM TO:**  
RENAISSANCE AGENCIES, INC.  
P.O. BOX 2300  
SANTA MONICA, CA 90407-2300

**7. I CERTIFY THAT I AM ENROLLED IN THE SAN DIEGO STATE UNIVERSITY TRAVEL STUDY DIVISION PROGRAM.**

SIGNATURE OF STUDENT  \_\_\_\_\_ DATE \_\_\_\_\_

REMITTANCE IN U.S. FUNDS ONLY

CA LICENSE NO. 0697235, RENAISSANCE AGENCIES, INC.

DETACH ID CARD AND RETAIN IF YOU ENROLL—NO OTHER WILL BE ISSUED

Underwritten by:  
**DELOS INSURANCE COMPANY**  
Policy No. DSP00007-08

Name of Insured Student \_\_\_\_\_

**SAN DIEGO STATE UNIVERSITY—TRAVEL STUDY DIVISION  
2008-2009 REPATRIATION AND  
MEDICAL EVACUATION INSURANCE**

*Both the effective and termination dates of coverage are at 12:01 a.m. and are subject to verification by the Company.*

For questions regarding claims and coverage, contact:  
**PERSONAL INSURANCE ADMINISTRATORS, INC.**

P.O. Box 6040  
Agoura Hills, CA 91376-6040  
Toll Free 1-800-468-4343  
www.piacclaims.com

**Note:** Benefits are subject to payment of appropriate premium and verification of eligibility.