

**2010/2011**

*Claim Form and  
Insurance Information*



**Work Exchange Programs  
from the USA**

All claims are to be mailed by you to:

**NAHGA Claim Services**

**PO Box 189, Bridgton, ME 04009**

**Toll Free: 1-800-952-4320**

**Phone: 1-207-647-3108**

**Fax: 1-207-647-4569**

**8:00am–7:00pm Eastern time Monday–Friday**

**[bunac@nahga.com](mailto:bunac@nahga.com)**

**IT IS THE RESPONSIBILITY OF EACH PARTICIPANT TO FILE HIS OR HER OWN INSURANCE CLAIM FORM, AND TO ENSURE THAT ALL RELEVANT BILLS ARE SUBMITTED TO THE COMPANY AT THE ABOVE ADDRESS. CLAIMS CANNOT BE FILED ON BEHALF OF PARTICIPANTS BY BUNAC, BUNAC COOPERATORS OR EMPLOYERS.**

**Underwritten by:** National Union Fire Insurance  
Company of Pittsburgh, PA  
A Chartis Company

## A Note From BUNAC

The policy provides a fairly comprehensive package of coverage which has been specifically designed to meet the needs of BUNAC members. However, it does not operate automatically. The fact that you have coverage doesn't mean that any medical bills (for example) will magically be taken care of by the insurance company. On the contrary, nothing can happen until **you** trigger the process by making a valid claim to the insurance adjustment company (NAHGA Claim Services). If you don't make the claim *properly*, you could end up personally liable for the bills, and that wastes your insurance premium. Your insurance claim will not be settled simply by handing in your insurance ID card to the hospital.

**A valid insurance claim is straightforward and consists of three things:**

- (1) The completed claim form.
- (2) A letter giving FULL details of the incident involved and .. stating exactly what you are claiming for.
- (3) Supporting proof for the kind of claim you are making (e.g. a police report or crime reference number for stolen bag; hospital/pharmacy bills for illness; receipts and dates of purchase for lost items; etc.).

**Please note that it is your responsibility to obtain this evidence and provide it to the Claims Department.**

If NAHGA doesn't have all three from you, they cannot process your claim!

## DOLLARS, POUNDS or ...?

By default, claims are normally paid in U.S. Dollars, unless you specifically request otherwise in your covering letter (#2 above). Claims can also be paid in Euros or the currency of the following countries: Australia, Canada, Ireland, New Zealand, South Africa and the United Kingdom (other countries may be available upon request). Such payments typically take 7-10 days longer than U.S. Dollar payments. It is imperative that you provide the full name and address of the foreign provider and specify if the payment should be made in foreign currency. Otherwise payment will be sent to you in U.S. Dollars and you will be responsible for paying the provider. The exchange rate used is the applicable rate at the date of service (i.e. on the date the expenses were incurred).

## DEFINITIONS

“You” or “your” as referred to in this leaflet means the Insured Person.

“We” or “us” as referred to in this leaflet means the Insurance Company (National Union Fire Insurance Company of Pittsburgh, PA).

“Covered Flight” as referred to in this leaflet means only one (1) round-trip flight from/to North America, during your period of coverage under this policy and which has been booked for the purpose of participation in a BUNAC work/travel Program.

“North America” as referred to in this leaflet means (1) United States; (2) Adjacent Islands; (3) Canada (unless you are a participant in BUNAC's *Work Canada* program).

“Natural Disaster” means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, tsunami, wildfire or other similar event that: (1) is due to natural causes; and (2) results in such severe and widespread damage that the area of damage is officially declared a disaster area by a state government or the federal government if the event occurs in the United States of America or by a corresponding governmental authority if the event occurs outside the United States of America.

**Your claim form is included at the back of this leaflet.**

You are covered by this policy for eligible expenses actually incurred outside North America while you are (a) an active participant in a work/travel program arranged by BUNAC or (b) participating in post-program personal travel.

An active participant is an individual who is fully registered in and honoring the conditions of his/her program.

**YOU SHOULD NOTE THAT ALL FIGURES QUOTED IN THIS LEAFLET ARE IN US DOLLARS.**

**Travel Assist** - If you face a **genuine emergency** situation away from home, the multilingual Assistance staff will help arrange the necessary service to resolve the problem. The Assistance Service will help in locating medical care and coordinate with doctors and hospitals to confirm coverage; locate an attorney or bondsman in the event of legal difficulties; assist with emergency medical evacuation including transportation and treatment en route; assist in the replacement of stolen passports and tickets; relay emergency communications; provide pre-departure information and other general assistance in problems or questions.

**24-hour Emergency Telephone Numbers**

**1-877-249-5364 (Inside the USA and Canada)**

**1-715-295-9626 (Collect from anywhere else)**

**Medical policy number - GLB-9128533**

**Baggage/Air Fare Refund policy - GLB-9128534**

## PERIOD OF COVERAGE

Coverage is normally in force between the dates on file with BUNAC and for which premiums have been paid in full.

### PART A. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

*This benefit does not cover death resulting from illness.* If your injury causes any one of the losses listed below, within 180 days from the date of the accident, we will pay the benefit shown. If injuries in one accident result in more than one of the losses specified, only one payment will be made for all such losses, which will be the largest applicable. Dismemberment “loss” means the entire and irrecoverable loss of sight or hearing, or actual severance through or above wrist or ankle joints. “Loss by paralysis” means complete and irrecoverable inability to move one or more entire extremities as a result of neurological damage as determined by a licensed physician.

<b>For loss of:</b>	<b>Amount:</b>
Life .....	\$ 15,000
Both hands or both feet .....	\$ 15,000
Entire sight of both eyes .....	\$ 15,000
One foot and entire sight or one eye .....	\$ 15,000
One hand and entire sight of one eye .....	\$ 15,000
One hand and one foot .....	\$ 15,000
Speech and hearing .....	\$ 15,000
One hand or one foot.....	\$ 7,500
Entire sight of one eye.....	\$ 7,500
Speech or hearing .....	\$ 7,500
Loss of hearing in one ear .....	\$ 3,750

#### **Loss by paralysis:**

Both upper and lower extremities .....	\$ 30,000
Both lower extremities.....	\$ 15,000
One lower and one upper extremity .....	\$ 15,000

## **PART B. MEDICAL EXPENSES - ACCIDENT OR SICKNESS**

*This Policy covers Usual, Customary and Reasonable expenses. If you are required to pay in advance for treatment, you should check with BUNAC. We will pay the reasonable and customary medical expenses actually incurred for sickness or as the direct result of injury while this policy is in force and you are an active participant (as defined above). The total benefit shall not exceed \$2,000,000 for each accident or for each sickness. Eligible expenses must be incurred within fifty two (52) weeks from the date of accident occurring, or sickness first diagnosed or treated, during the period for which your coverage is in force.*

Eligible expenses incurred after you return to the United States shall not exceed a maximum of \$5,000.

When by reason of injury to your sound, natural teeth, dental treatment is required, we will pay the actual expense of treatment to such sound natural teeth. The definition of “sound natural teeth” should be checked with us before treatment, if in question.

Covered Expenses include transportation (outside North America) from the place of injury or illness to the nearest medical facility where necessary medical treatment can be obtained or continued.

## **PART C. EMERGENCY ALLEVIATION OF DENTAL PAIN**

We will pay the Usual, Customary and Reasonable expenses up to a maximum of \$1,500 for the emergency alleviation of dental pain including expenses incurred for the removal of an impacted and/or abscessed wisdom tooth.

## **LIMITATIONS AND EXCLUSIONS (Applicable to Parts A, B and C)**

### **This Policy does not cover:**

1. Eyeglasses or prescriptions therefor, or equipment for corrective treatment of sight.
2. Transportation costs, except as provided in Part B above.
3. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
4. Injury occurring in a plane other than while riding as a passenger in a licensed passenger aircraft operated by a licensed commercial pilot.
5. Any injury resulting from off-trail or backcountry skiing or snowboarding.
6. Any injury resulting from skiing or snowboarding racing activities of any kind.
7. Any injury or sickness resulting from your failure to follow the written or verbal advice of a medical professional.
8. Dental treatment, dental x-rays, dentures, except as specified above.
9. Health treatments where no injury or sickness is involved.
10. **Expenses covered by any other valid and collectible insurance, including any valid automobile or Workers' Compensation insurance.**
11. Loss involving participation by you (during the journey) in motorcycling for any purpose.
12. Loss caused by war or any act of war (declared or undeclared).
13. Charges for treatment of a Pre-Existing Condition, i.e. one arising from an injury occurring prior to the date of the covered incident. In the case of sickness, a Pre-Existing Condition is one for which medical advice or treatment was recommended by or received from a physician during the 12 months preceding your effective date.

We will not pay for claims arising from any condition which existed within the 12 month period before your coverage commenced under this insurance plan and resulted from a sickness which required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled and without any change in the required prescription during the 12 month period before your effective date of coverage.

We will not pay for the cost of medication which was required during the 12 month period before your coverage commenced under this insurance plan and which is required or continued during your period of coverage.

14. Pregnancy, childbirth, miscarriage, abortion, or related complications from any of the aforementioned.
15. Voluntary self-administration of any drug or chemical substance not prescribed by a licensed physician. (Accidental ingestion of a poisonous substance is not excluded.)
16. Sexually transmitted diseases, unless as a result of an accident or blood transfusion.

## **PART D. EMERGENCY MEDICAL EVACUATION**

Benefits will be paid for covered expenses incurred up to a maximum of \$50,000 if an injury or sickness commencing during the course of a scheduled trip results in the necessary emergency evacuation of the insured. An emergency evacuation must be ordered by a legally licensed physician who certifies the severity of the insured's injury or illness warrants the emergency evacuation of the insured. Emergency evacuation means: (a) the insured's medical condition warrants immediate transportation from the place where the insured is injured or sick to the nearest hospital where appropriate medical treatment can be obtained; or (b) after being treated at a local hospital the insured's medical condition warrants medical evacuation to his/her country of domicile to obtain further medical treatment necessary for recovery; or (c) both (a) and (b) above.

Covered expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the insured. All transportation arrangements made for evacuating the insured must be by the most direct and economical route and must be approved by Travel Assist in advance. Expenses for special transportation must be: (a) recommended by the attending physician or (b) required by the standard regulations of the conveyance transporting the insured. Expenses for medical supplies and services must be recommended by the attending physician. Transportation means any land, water or air conveyance required to transport the insured during an emergency evacuation. Special transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

We will not cover any expenses provided by another party at no cost to the insured or already included in the cost of the scheduled trip.

## **PART E. REPATRIATION OF REMAINS**

If you die in a covered area within the term of coverage, we will pay the reasonable Covered Expenses incurred to prepare and return your remains to your former home (in accordance with applicable international requirements) or pay the reasonable cost of funeral, burial, or cremation expenses in the country where your death occurred. In addition, we will pay the shipping cost up to a maximum of \$1,000 for personal belongings. Total aggregate benefit shall not exceed \$10,000. Eligible expenses must be pre-approved by us.

## **PART F. AIR FARE REFUND**

**Please note:** Wherever possible, you must obtain **prior approval from BUNAC** before making any extra travel arrangements for which you intend to make an insurance claim. You should also note that any reference to “flight” means one “covered flight” as per the Definitions section of this leaflet.

There is no coverage for any other flights booked during the period of your coverage.

### **I) Accident or Sickness**

If while the policy is in effect and as a result of treatment commencing within ninety (90) days before your departure date in North America, for any one or more of the following reasons:

- (a) Accidental bodily injuries necessitating the regular attendance and care of a legally qualified physician or surgeon; or
- (b) Disease or sickness necessitating the regular attendance and care of a legally qualified physician or surgeon; or
- (c) Quarantine confinement to the place of residence or elsewhere on order of a physician or Public Health Authority; or
- (d) Necessary cancellation of the trip so ordered by a Public Health Authority due to an epidemic or contagious disease in the area of travel,

you are prevented from embarking upon said flight, we will pay an indemnity equal to 100% of the actual pre-paid non-refundable air fare expenses on record for such flight: plus your BUNAC program fee, less any Embassy visa costs. If, after embarking on such trip, you are unable to use your original non-refundable booked flight ticket to North America for any one or more of the above causes, we will reimburse you for up to the actual and strictly necessary additional flight costs incurred by you, of the lowest normal one-way economy flight fare from the point of departure to the original booked destination in North America.

The maximum amount payable under this benefit is \$3,000.

## **II) Death in the Immediate Family**

If while the policy is in effect and as a direct result of a death or life threatening illness or accident in your immediate family (father, mother, sister, brother, legal spouse, child and grandparent), within ninety (90) days before the departure date of your booked flight, we will pay an indemnity of up to 100 percent of the actual non-refundable air fare expense on record with BUNAC plus your BUNAC program fee, less any Embassy visa costs. If, after embarking on such trip, you are forced to return prior to your booked flight because of the above described death in your immediate family, we will reimburse you for up to the actual and strictly necessary additional flight costs incurred by you, of the lowest normal one-way economy flight fare from the return point of departure to the original return destination.

The maximum amount payable under this benefit is \$3,000

## **III) Visitation of the Immediate Family - Travel Expenses**

Strictly necessary traveling costs incurred by a maximum of two members of the immediate family in visiting you when in the opinion of a medical practitioner acceptable to us, such a visit is necessary due to a bodily injury or illness **which constitutes an immediate danger to life.**

The aggregate benefit is \$4,000.

## **IV) Travel Ticket Reimbursement**

If while the policy is in effect and as a direct result of a covered illness, accident or death, you are prevented from using a pre-paid, non-refundable ticket for travel outside North America, you will be reimbursed up to \$800. All claims must be submitted through and approved by BUNAC.

## **V) Natural Disaster**

Coverage shall apply for strictly necessary incurred expenditure required to ensure your safety and relocation to the nearest point of your original itinerary if you are in the physical presence of and directly affected by a Natural Disaster.

The maximum amount under this benefit is \$3,000.

**A. Part F does not cover loss resulting from:**

1. Alcoholism or drug addiction.
2. Pregnancy, except for complications of pregnancy.
3. Illness, injury, treatment or medical conditions arising out of:
  - a. War or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; service in the armed forces or units auxiliary thereto.
  - b. Suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane.

**B. (Sections I, II and IV)**

This policy does not cover any journey if you do not already hold a prepaid ticket for that journey.

## **PART G. TRAVEL BAGGAGE**

1. Baggage and Personal Effects will be covered from the date of your outward covered flight to the arrival date of your return program flight as specified by BUNAC, including direct travel to and from the airport.

2. This policy insures Personal Effects owned by you and for your personal use, adornment or amusement *excluding* Money, Securities, Tickets (except non-refundable tickets purchased for travel wholly outside North America), Documents, Jewelry (except watches), Contact Lenses, Animals, Automobile Equipment, Motorcycles, Boats, Motors, or Other Conveyances and related equipment (except Bicycles while checked as baggage with a common carrier), Household Furniture, Dental Appliances, Artificial Teeth and Limbs.

3. VALUABLE ARTICLES

- (a) Valuable articles include cellphones, PDAs, watches, musical instruments, cameras, computers, radios and sound reproducing or recording devices, non-refundable travel tickets (i.e. proportionate reimbursement for the unused portion of a non-refundable ticket for travel outside North America, adjusted by unused coupons or unused days of travel).
- (b) "Passports" includes reasonable additional travel and accommodation expenses incurred, while you are abroad, in obtaining a new passport, including the cost

of a replacement passport. (*Please note: This policy will not pay the cost of a replacement passport obtained in North America.*) You must obtain a written police report within 24 hours of the loss.

- (c) For purposes of this insurance, “valuable article” shall include all related equipment and other accessories, e.g. “camera” includes lenses, memory cards, flash, etc.; “MP3 Player” includes headphones, memory cards, speakers, etc.
- (d) The maximum amount payable for personal recreational/sports equipment is \$600 per incident.
- (e) The maximum amount payable for any individual valuable articles is \$600.
- (f) The maximum amount payable for valuable articles in total is \$2,000.
- (g) Non-prescription sunglasses are insured up to \$80 only.

#### 4. THIS POLICY INSURES AGAINST

Loss, theft or repair costs resulting from direct physical damage to baggage and personal effects while you are an active participant in a BUNAC program. We reserve the right to inspect damaged items.

#### 5. THIS POLICY DOES NOT INSURE

- (a) Against loss or damage caused by wear and tear, gradual deterioration, insects, vermin, inherent vice or damage sustained due to any process or while actually being worked upon and resulting therefrom.
- (b) Against loss or damage caused by or resulting from:
  - (i) Hostile or warlike action in time of peace or war, including action in hindering, combating or defending against an actual, impending or expected attack, (1) by any government or sovereign power (de jure or de facto), or by any authority maintaining or using military, naval or air forces; or (2) by military, naval or air forces; or (3) by any agent of any government, power, authority or forces;
  - (ii) Any weapon of war employing atomic fission or radioactive force whether in time of peace or war.
- (c) Against loss of or damage to property specifically or otherwise insured, including automobile and homeowner's insurance, or for which other remuneration or recompense is received.

The maximum amount payable under this benefit is \$5,000. The maximum amount payable for any individual item is \$600. All losses will be assessed by us on a depreciated value basis, i.e. actual verifiable cash value at the time of loss and not replacement value.

## **PART H. BAGGAGE DELAY**

We will reimburse you for the expenses of necessary personal effects up to a maximum of \$100, if your checked baggage is delayed or misdirected by a common carrier for more than 12 hours from the time of your arrival at the scheduled destination. Part H does not cover your return flight to the USA.

You must be a ticketed passenger on a common carrier.

All losses must be verified by the common carrier who must certify the delay or misdirection.

“Checked Baggage” means a piece of baggage for which a claim check has been issued to you by a common carrier.

“Common Carrier” means any land, water or air conveyance operated under a license for the transportation of passengers for hire.

## **PART I. TRIP DELAY**

**Please note:** Claims made under this section require a separate claim form available from BUNAC.

If your Trip is delayed due to any of the Covered reasons listed below that results in an interruption of the pre-booked Covered Flight from the original point of departure to the final destination, we will reimburse you up to \$500 for:

- (1) Reasonable additional expenses such as hotel, meals, taxi/bus fares or other local transportation.
- (2) Ticket transfer fees and additional ticket booking expenses necessary to continue the Covered Flight from the original point of departure to the final destination.

It is the intent that the Common Carrier will provide alternative flight and/or accommodation costs for a Covered Reason. Coverage will apply only after a verifiable denial of such compensatory action by the Common Carrier is received.

Covered Reasons:

Benefits will only be payable for a delay or cancellation:

1. caused by inclement weather.
2. due to a Strike or other job action by employees of a Common Carrier scheduled to be used by you during the itinerary of your Covered Flight;
3. caused by Equipment Failure of a Common Carrier;
4. due to your lost or stolen passports, travel documents, or money;
5. quarantine, hijacking, Natural Disaster that causes a complete cessation of travel services at the point of departure or destination, civil commotion or riot;

This benefit is payable for one delay per Insured, per Covered Flight.

## Definitions:

**Covered Flight-** means only (1) direct round trip flight from/to North America during the period of coverage under this policy and which was booked for the purpose of participation in BUNAC work/travel program.

**Equipment Failure-** means any sudden, unforeseen breakdown in the Common Carrier's equipment that caused a delay or interruption of normal trips.

**Inclement Weather-** means any severe weather conditions which delays the scheduled arrival or departure of a Common Carrier.

**Reasonable Additional Expenses-** means any expenses for meals, lodging, taxi/bus fares or other local transportation which were necessarily incurred as the result of a Trip Delay and which were not provided by the Common Carrier or any other party free of charge.

## **PART J. OPERATOR DEFAULT NON-REFUNDABLE TRAVEL TICKETS**

If a prepaid ticket for travel outside North America or the return portion of your Covered Flight to North America from your original departure point is **100% unusable** as a result of the financial default of a licensed travel provider and such loss is not covered by any other insurance, bonding system or guarantee of any kind, this policy will cover proportionate reimbursement for the unused portion of such a ticket, adjusted by unused coupons or unused days of travel or, in the case of the original covered flight, the lowest economy airfare as approved by BUNAC to your original departure point up to a maximum of \$1,000.

## **PART K. SUBROGATION**

To the total extent that we pay for losses incurred, we may assume your rights and remedies relating to such loss. You agree to assist us in preserving our rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by us.

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**NAHGA and BUNAC have developed an internal procedure for dispute resolution. If at any time our services have not satisfied your expectations, you can request a management review of your claim. A separate management team will review any complaint under our Complaints and Disputes Resolution Procedures. You will receive a response within 15 working days of receipt.**

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All information contained herein is a summary of the coverage and is subject to the conditions of the policy. Refer to Policies GLB-9128533 and GLB-9128534 issued to BUNAC for exact details. In the event of any conflict between this brochure and the actual policy, the insurance policy will govern in all cases.

# 2010/2011 INSURANCE CLAIM FORM

## BUNAC WORK EXCHANGE PROGRAMS FROM THE USA

(Please do not use this form for a Trip Delay claim; contact BUNAC for instructions.)

NATURE OF INCIDENT:  MEDICAL (Policy # GLB-9128533)  AIR FARE/BAGGAGE REFUND (Policy # GLB-9128534)

DATE OF INCIDENT

BOOKING REF#

FLIGHT DATES (this box must be completed)

This box must be completed

This box must be completed

Outward

Homeward

COMPLETE APPLICABLE SECTIONS BELOW AND ATTACH SEPARATE COVERING LETTER GIVING FULL DETAILS OF THE INCIDENT.

### I. GENERAL INFORMATION AND INSTRUCTIONS

Your Name \_\_\_\_\_

M  F (Last) (First) (Middle)

Date of Birth (MM-DD-YY) \_\_\_\_\_ Email \_\_\_\_\_

Permanent address in the USA: \_\_\_\_\_  
Contact address outside the USA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of treating Physician (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

#### ENCLOSE ALL BILLS YOU HAVE PERTAINING TO THE CLAIM

If a claim incurs more than one bill, it is best to submit all bills at the same time. However, if there is a delay in your receiving a bill or a medical claim involves extended or repeated treatment, send a completed copy of this form or a letter to us as soon as possible, and send the bills along as you receive them. If so, please indicate that additional bills are to follow, giving details if possible. In any case, we should be notified of a pending claim no later than 30 days after the date of the incident.

**THIS INSURANCE DOES NOT COVER ANY INCIDENT OCCURRING AFTER THE POLICY TERMINATION DATE ON FILE WITH BUNAC.**

### II. MEDICAL/DENTAL EXPENSE

- (a) Complete the General Information Section I and Section VI.  
(b) **All bills must be itemized, include patient's name, diagnosis, dates and description of service.**  
(c) Is this claim for illness  accident  dental expense  ?  
(d) Nature of illness or injury \_\_\_\_\_  
(e) If illness, have you had it before? Yes  No   
If Yes, give date of last treatment \_\_\_\_\_  
(f) If accident, state brief details below (how, when and where the accident happened). Provide a full description in your covering letter, including what you were actually doing at the time of the accident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(g) Did this injury occur while you were at work? Yes  No   
If Yes,  
(a) Did this injury occur during your scheduled employment hours? Yes  No   
(b) Did this injury occur while you were engaged in your actual employment responsibilities? Yes  No   
**If you have answered YES to any part of this question, you may be entitled to benefits under any applicable Employee Compensation insurance and MUST file an incident report with your employer as soon as possible.** Please indicate in your covering letter the date and to whom you made this report, as well as the actual duties you were performing.  
(h) Was a motor vehicle involved in this incident? Yes  No   
If Yes, give details including vehicle insurance company, policy number, vehicle owner, vehicle driver, etc. in your covering letter.  
(i) Payment will be made to the Doctor, Hospital or other Medical Provider. If the bills have already been paid, enclose proof of payment and state in your covering letter the name and address of person(s) to whom reimbursement should be made.

PLEASE WRITE IN BLOCK LETTERS

**III. AIR REFUND**

- (a) Complete the General Information Section I and Section VI.
- (b) Payment should be made to \_\_\_\_\_
- (c) Provide certificate by legally qualified physician or surgeon as to reason of cancellation.
- (d) If death in the Immediate Family, provide copy of death certificate or certification by legally qualified physician or surgeon, and provide sufficient documentation of your relationship with the deceased (copies of birth or marriage certificates, etc.).
- (e) Provide proof of your original "covered flight" and any refund made by your airline/agent. If the ticket was non-refundable, please enclose the original ticket/e-ticket and any proof of non-refundability or refund denial.
- (f) Provide proof of actual extra flight costs (e.g. ticket coupons or flight transfer fee receipts).

**IV. BAGGAGE INSURANCE (specify currency in which purchases were made)**

- (a) Complete the General Information Section I and Section VI.
- (b) In your covering letter, give full details of the incident resulting in the loss or damage.
- (c) **Your claim will not be processed unless you include an official verifiable record of loss from the police/hotel/airline, etc., dated within 24 hours of date of loss. If a police report is required and not available, please include the crime reference number, together with the telephone number and complete mailing address of the police station. If loss is from a rental car, submit copy of rental agreement.**
- (d) If loss is in conjunction with travel by airline/bus/train (or other common carrier), coverage may exist under their own insurance policy. If this is not the case, please include their letter of denial.
- (e) Attach original receipts and a separate typed or printed list of property lost or damaged specifying purchase date, model number and purchase price. **If receipts are not available, you must provide estimated dates of purchase and original purchase prices. Higher depreciation applies if receipts are not provided.**

Sample:

Manufacturer (if known)/Item	Purchase Date	Purchase Price
Nikon Camera/Model #45689	2 Sept. 2009	\$ 96
Sony Discman/Model #35M	Approx. June 2009	\$100
Oakley Sunglasses	Approx. June 2009	\$ 75

- (f) If property was repaired, include bills. If an item is damaged beyond repair, include a statement to this effect from an appropriate repair service.

**V. BAGGAGE DELAY (specify currency in which purchases were made)**

- (a) Complete the General Information Section I and Section VI.
- (b) In your covering letter, give full details of incident resulting in the delay or misdirection of your baggage.
- (c) Provide written proof from the airline, bus company or other carrier of the delay or misdirection of you baggage.
- (d) Attach original receipts and a separate typed or printed list of necessary personal effects which were purchased as a direct result of the delay or misdirection specifying date and price of purchase. **Reimbursement will only be made (up to the policy limits) on items for which original receipts are provided.**

Sample:

Item	Purchase Date	Purchase Price
Cotton Shirt	2 June 2010	NZ \$25
Toiletries	2 June 2010	NZ \$20
Trousers	2 June 2010	NZ \$35

- (e) Provide a copy of your travel ticket on the affected journey.

**VI. DECLARATION BY INSURED** *Please read carefully before signing.*

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, group policyholder, insurance company or employer to furnish to the Insurance Company or its representatives, any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to the person whose death, injury, sickness or loss is the basis of claim, and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under these Policies. I authorize the group policyholder or employer to provide the Insurance Company with financial and employment-related information. I understand that this authorization is valid for the term of coverage of these Policies and that a copy of this authorization shall be considered as valid as the original.

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for Insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the subject motor vehicle or stated claim for each such violation.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For claimants not residing in California, New York, or Pennsylvania: Any person who knowingly presents a false or fraudulent claim for the payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I agree that to the total extent the Insurance Company pays for losses incurred, it may assume my rights and remedies relating to such loss. I further agree to assist the Insurance Company in preserving its rights against those responsible for such loss, including but not limited to signing a subrogation form supplied by the Insurance Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All claims are to be mailed or emailed by you to:

**NAHGA Claim Services**  
P.O. Box 189, Bridgton, ME 04009  
1-800-952-4320 (Toll Free) or 1-207-647-3108 (Phone) 1-207-647-4569 (Fax)  
8:00am-7:00pm Eastern time Monday-Friday  
bunac@nahga.com

IT IS THE RESPONSIBILITY OF EACH PARTICIPANT TO FILE HIS OR HER OWN INSURANCE CLAIM FORM, AND TO ENSURE THAT ALL RELEVANT BILLS ARE SUBMITTED TO THE COMPANY AT THE ABOVE ADDRESS. CLAIMS CANNOT BE FILED ON BEHALF OF PARTICIPANTS BY BUNAC, BUNAC COOPERATORS OR EMPLOYERS.

Underwritten by: National Union Fire Insurance Company of Pittsburgh, PA  
A Subsidiary of CHARTIS, Inc.  
PLEASE WRITE IN BLOCK LETTERS

## **2010/2011 MEDICAL INSURANCE ID CARD**

### **BUNAC WORK EXCHANGE PROGRAMS FROM THE USA**

**Carry this card with you and present it whenever you are seeking medical treatment.**

In order for your claim to be considered, you must submit a completed claim form.

To verify coverage, contact:

**NAHGA Claim Services**

P.O. Box 189, Bridgton, ME 04009

**(Toll Free) 1-800-952-4320**

**(Phone) 1-207-647-3108 (Fax) 1-207-647-4569**

8:00 am-7:00 pm Eastern time Monday-Friday

[bunac@nahga.com](mailto:bunac@nahga.com)

For Emergency Assistance, contact: **Travel Assist**

1-877-249-5364 (Inside USA and Canada)

1-715-295-9626 (Collect from anywhere else)

**UNDERWRITTEN BY:** National Union Fire Insurance Company of Pittsburgh, PA

A Chartis Company

## Summary of Coverage for Policy GLB-9128533

**1) MEDICAL:** Reasonable and Customary charges up to US \$2,000,000 with zero deductible.

**Exclusions:** (including but not limited to the following)

a) Dental treatment, dental x-rays, dentures except (i) as provided for in (2) below, and (ii) injury to sound, natural teeth.

b) Pregnancy, childbirth, miscarriage, abortion, or related complications from any of the aforementioned.

c) Charges for treatment of a Pre-existing Condition (i.e. an injury occurring prior to the effective date of your coverage; or a sickness for which medical advice or treatment was recommended by or received from a physician during the 12 months preceding your effective date).

**2) EMERGENCY ALLEVIATION OF DENTAL PAIN:** Up to US \$1,500  
Please refer to policy for exact details.

**3) PERIOD OF COVERAGE:** As stated on Certificate of Insurance.