

# ACCIDENT INSURANCE FOR IN-COUNTRY VOLUNTEERS

Updated December 2, 2016

## 1. Plan Information:

Policyholder: Habitat for Humanity International, Inc.

Policy Number: **PTP N11207522**

Chubb<sup>1</sup> Travel Assistance Provider: Europ Assistance USA

Travel Assistance Plan Number: 01AH585

The Chubb Travel Assistance Program (Europ Assistance) ID card is available to volunteers before they travel.

## 2. Important Contact Information:

In case of emergency:

- **Europ Assistance within US: 1-855-474-3037**
- **Europ Assistance outside US: 00-1-240-330-1432 (call collect)**

For Pre-trip information services and location based intelligence:

- [www.acetravelassistance.com](http://www.acetravelassistance.com)
  - **Group ID: aceah**
  - **Activation Code: security**

For claims reporting or inquiries (NOT to be used in an emergency):

- **Chubb Accident & Health Claims - P.O. Box 5124, Scranton, PA 18505**  
**Fax: 1-302-476-7857**  
[ACEAandHClaims@chubb.com](mailto:ACEAandHClaims@chubb.com)  
**Chubb Accident & Health Claims within US: 1-855-434-4223**  
**Chubb Accident & Health Claims outside US: 00-1-302-476-6194**

The country code information has been added to be clear that any time you are outside the US calling one of these US numbers, you must use the following format: 00+1+area+phone number.

## 3. Who is covered under this Plan?

- Volunteers participating in volunteer activities inside of their Home Country.
- Volunteers attending school in the country in which they are volunteering (regardless of Home Country).
  - For example, a volunteer whose Home Country is the United States but who is attending school in Germany and volunteering in Germany would fall under this Policy – even though a US volunteer volunteering in Germany would traditionally fall under the out-of-country policy.
- There are no minimum or maximum age limits for volunteers while volunteering.

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*This information is a brief description of the important features of this insurance plan. It is not an insurance contract. The insurance policy includes all of the terms and conditions of coverage.*

<sup>1</sup> On January 14, 2016, ACE Group acquired Chubb & Sons (another insurance company) and began operating as Chubb. The benefits continue to be underwritten by ACE American Insurance Company.

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## 4. When is insurance in effect?

- Coverage starts when the volunteer leaves his or her home/school to directly start the trip sponsored by Habitat for Humanity International, Inc. Coverage is included for travel to and from the sponsored event, not including any personal deviations. This includes the drive to the airport and the plane flight or other mode of travel, if it is directly to the sponsored event. Coverage ends, on the first of the following to occur, when the volunteer returns to his or her home/school or makes a personal deviation. This generally includes any flight and/or drive back to your home/school.
- What about coverage for personal travel? Participants are provided coverage for the published trip dates and travel to and from the participant's home/school to accommodate arrivals, departures or delays. If coverage is needed for personal travel before or after the Habitat sponsored event, that individual should purchase travel insurance on their own. In the event of a claim, each scenario will be reviewed independently.

## 5. Is the insurance in effect during cultural activities?

- Coverage is in effect while participating in volunteer activities sponsored by Habitat for Humanity International, Inc., including cultural activities that are part of the itinerary. However, injuries that occur while participating in certain recreational activities are not included under the policy, including, but not limited to, injury resulting from: (1) off-road motorized vehicle not requiring licensing as a motor vehicle, or motor vehicle not designed primarily for use on public streets or highway, and (2) motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing. Also, participants are not covered if under the influence of drugs (except as prescribed by a Doctor) or alcohol. These excluded activities are not included in trip itineraries and plans.

## 6. What accident medical expenses are covered?

- Subject to policy terms and conditions, this policy covers usual and customary accident medical expenses up to a maximum benefit of \$250,000 per covered accident incurred for medically necessary covered expenses related to an accident occurring while on a Habitat for Humanity International, Inc. sponsored activity. The first incurred expense must be within 180 days from the date of the covered accident and are payable for a maximum benefit period of 1,825 days from the date of the covered accident. Covered medical expenses include hospital room and board, services of a doctor or registered nurse, ambulance services to the hospital, x-rays, lab tests, and medicines / drugs prescribed by a doctor.
- The accident medical expense benefit is considered **excess**. Chubb Accident & Health Claims will pay covered medical expenses only when the expenses are in excess of amounts paid by any other health care plan.

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## 7. What additional benefits are included in coverage beyond accident medical expenses?

### • **Accidental Death and Dismemberment**

- Up to \$250,000 depending on the specific loss (as detailed below). In addition to other benefits (i.e., medical expenses), this is a sum of money that a covered person receives based on loss of life or appendage (hand, foot, sight, speech, hearing in both ears or thumb & index finger of the same hand). Loss must be incurred within 365 days from the date of the covered accident. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.
- (Life - \$250,000) – (Two or more Members - \$250,000) – (One Member - \$125,000) – (Thumb and Index Finger of the Same Hand - \$62,500)
- Definitions:
  - “Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing.
  - “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint.
  - “Loss of Sight” means the total, permanent Loss of Sight of one eye.
  - “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means.
  - “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means.
  - “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).
  - “Severance” means the complete separation and dismemberment of the part from the body.

### • **Emergency Medical Expense Guarantee/Hospital Admission Guarantee Benefit**

- Up to \$10,000 for Covered Expenses due to the fact that some hospitals or doctors may require a guarantee of payment prior to admission or discharge in case of a medical emergency.
- Covered Expenses include expenses for guarantee of payment to a medical provider, hospital or treatment facility.
- Covered Expenses will not be payable unless the charges incurred:
  - are medically necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and
  - do not include charges that would not have been made if there were no insurance.
- Europ Assistance must be contacted to authorize and arrange these services in order for the benefits to be payable.
- *In order to trigger this benefit, the covered person must be travelling at least 100 miles away from his/her place of permanent residence.*

### • **Emergency Medical Evacuation Benefit**

- 100% of covered expenses for a doctor ordered medical evacuation.
- Covered Expenses include:
  - Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to your place of residence for medically necessary treatment in the event of your medical emergency and upon the request of the Doctor designated by Europ Assistance in consultation with the local attending Doctor.
  - Dispatch of a Doctor or Specialist: the Doctor’s or specialist’s travel expenses and the medical services provided on location, if, based on the information available, your condition cannot be adequately assessed to evaluate the need for transport or

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evacuation and a doctor or specialist is dispatched by Europ Assistance to your location to make the assessment.

- Return of Dependent Child (ren): expenses to return each dependent child who is under age 18 to his or her principal residence if a) you are age 18 or older; and b) you are the only person traveling with the minor dependent child(ren); and c) you suffer a medical emergency and must be confined in a hospital.
  - Escort Services: expenses for an Immediate Family Member or companion who is traveling with you to join you during your emergency medical evacuation to a different hospital, treatment facility or your place of residence.
  - Benefits for these Covered Expenses will not be payable unless:
    - the Doctor ordering the Emergency Medical Evacuation certifies the severity of your medical emergency requires an Emergency Medical Evacuation;
    - all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
    - the charges incurred are medically necessary and do not exceed the Usual and Customary Charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
    - do not include charges that would not have been made if there were no insurance.
  - In the event you refuse to be medically evacuated, ACE American Insurance Company will not be liable for any medical expenses incurred after the date medical evacuation is recommended.
  - Europ Assistance must be contacted to authorize and arrange these services in order for the benefits to be payable.
  - In order to trigger this benefit, the covered person must be travelling at least 100 miles away from his/her place of permanent residence.
- **Family Reunion Benefit**
    - \$100 per day, up to 5 days for a covered person's Family Member to join the covered person if the covered person is confined in a hospital for at least 5 consecutive days or if the covered person is medically evacuated to another hospital in another location.
    - Covered expenses include an economy airline ticket and other travel related expenses. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.
    - "Family Member" means a covered person's parent or parent-in-law, legal guardian or ward, brother or sister (includes stepbrother or stepsister), spouse, child (includes legally adopted and step child), grandparent, grandchildren, aunt, uncle, niece or nephew.
    - Europ Assistance must be contacted to authorize and arrange these services in order for the benefits to be payable.
  - **Repatriation of Remains Benefit**
    - 100% of Covered Expenses for the preparation and return of a covered person's body to his/her home if he/she dies as a result of a medical emergency on the trip.
    - Covered Expenses include:
      - expenses for embalming or cremation;
      - the least costly coffin or receptacle adequate for transporting the remains;
      - transporting the remains; and

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- Escort Services which include expenses for an immediate family member or companion who is traveling with you to join your body during the repatriation to your place of residence.
- Europ Assistance must be contacted to authorize and arrange these services in order for the benefits to be payable.
- In order to trigger this benefit, the covered person must be travelling at least 100 miles away from his/her place of permanent residence.

## 8. What are the “Concierge Services” available?

- Access to the Europ Assistance website that provides real-time destination based health, security and travel-related information is included in your coverage.
  - [www.acetravelassistance.com](http://www.acetravelassistance.com)
    - **Group ID: aceah**
    - **Activation Code: security**
- Certain travel services are available from Europ Assistance that are not reimbursable, but can be helpful to the volunteers. For example, although costs will not be reimbursed, Europ Assistance will help in the case of a lost wallet, lost medical prescription/contacts, or security questions about a state/country. In some circumstances, Europ Assistance may initially pay the costs, but the volunteer must reimburse and is ultimately responsible for the payments or Europ Assistance may require a credit card before they are able to perform the services.
- These benefits also include emergency cash advance. Europ Assistance will deliver emergency funds to a volunteer provided there is satisfactory guarantee of reimbursement. The method of delivery of emergency funds will vary according to the need in a given situation. A satisfactory guarantee of reimbursement is the ability to debit a company credit card or a volunteer’s debit card and then arrange for the delivery of the advance.

## 9. What exclusions exist under the policy?

**The following exclusions apply to all benefits under the policy, unless noted otherwise.**

1. The policy will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:
  - treatment by persons employed or retained by the Habitat for Humanity International, Inc. or by any Immediate Family member of the covered person’s household
  - treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
  - treatment of hernia, Osgood-Schlatter’s Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by injury, or mental disorder or psychological or psychiatric care or treatment, whether or not caused by a Covered Accident.
  - pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
  - mental and nervous disorders.
  - damage to or loss of dentures or bridges, or damage to existing orthodontic equipment.

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- injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
  - injury or loss contributed to by the use of drugs unless administered by a Doctor.
  - cosmetic surgery, except for reconstructive surgery needed as the result of an injury.
  - any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
  - eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
  - expenses payable by any automobile insurance Policy without regard to fault. (This exclusion does not apply in any state where prohibited). *(However, if coverage under the automobile insurance policy is exhausted or expenses are not covered, such expenses can be submitted for claims payment of covered expenses under this Policy.)*
  - conditions that are not caused by a Covered Accident.
  - participation in any activity or hazard not specifically covered by the Policy.
  - any treatment, service or supply not specifically covered by the Policy.
2. intentionally self-inflicted injury.
  3. suicide or attempted suicide.
  4. war or any act of war, whether declared or not. *(Contact HFHI legal if questions.)*
  5. a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization.
  6. sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food
  7. piloting or serving as a crewmember in any aircraft.
  8. commission of, or attempt to commit, a felony.
  9. injury caused by or resulting from recreational travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
  10. the covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the injury occurred.
  11. injury covered by workers' compensation, employers' liability laws, or similar occupational benefits.
  12. injury or loss contributed to the use of any drug or narcotic, except as prescribed by a doctor.
  13. injury caused by or resulting from recreational travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
  14. injury resulting from motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit ACE American Insurance Company from providing insurance, including, but not limited to, the payment of claims.

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## **10. What should volunteers do in case of a medical emergency?**

- For minor medical issues, seek medical attention immediately (i.e., on site or at a local clinic). Keep a record of all incidents and costs. Pay for all fees associated with the injury at time of treatment. You should obtain an itemized bill that can be remitted to the carrier for reimbursement consideration.
- For serious medical emergencies, volunteers should immediately call their primary insurance carrier. If the volunteer does not have a primary insurance carrier, they should contact Europ Assistance at the following numbers to report the serious medical emergency.
  - **Europ Assistance within US: 1-855-474-3037**
  - **Europ Assistance outside US: 00-1-240-330-1432 (call collect)**
    - **Please be ready to provide your Policy Number (PTP N11207522)**
- ***Except for minor medical issues, Europ Assistance should always be called to authorize and arrange benefits.*** Europ Assistance must authorize and arrange the following In-Country benefits: Emergency Medical Expense Guarantee/Hospital Admission Guarantee Benefit, Emergency Medical Evacuation Benefit, Family Reunion Benefit, and Repatriation of Remains Benefit.

## **11. Can Europ Assistance offer its assistance services in different languages?**

- The multilingual staff at the Europ Assistance Customer Service Center in Washington D.C., will assist a covered person with foreign language and interpretation problems over the telephone.

## **12. If out of pocket expenses are paid, what is the process for claim reimbursement?**

- If the covered person (or third party on the covered person's behalf) pays for medical expenses out of pocket, then he/she can file a claim with Chubb Accident & Health Claims for reimbursement of covered expenses. This can be done by following the instructions at the end of this document and submitting the appropriate claim form. The claimant must provide written (or authorized electronic or telephonic) proof of loss to Chubb Accident & Health Claims within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required. The furnishing of a claim form, or its acceptance by Chubb Accident & Health Claims, must not be construed as an admission of any liability on Chubb, nor a waiver of any of the conditions of the insurance contract.
- Since this policy is considered **excess** coverage, the volunteer will need to coordinate claims and payments with his or her personal health insurance company first. Chubb Accident & Health Claims will pay covered expenses only when the expenses are in excess of amounts paid by any other healthcare plan.
- If the covered person does not have personal insurance coverage, a claim can be filed directly with Chubb Accident & Health Claims. Please indicate on the claim form that you do not have coverage under any other healthcare plan.



## **SUBMITTING AN ACCIDENTAL MEDICAL, DISMEMBERMENT OR DEATH CLAIM TO CHUBB ACCIDENT & HEALTH CLAIMS**

The first step in reporting an accidental medical, dismemberment or death claim is to contact Chubb Accident & Health Claims at 1-855-434-4223 (within US) or 00-1-302-476-6194 (outside of the US).

When reporting the claim please provide the policyholder name (Habitat for Humanity International, Inc. - HFHI), policy number (PTP N11207522), covered volunteer's name, type of claim (for example, Medical, /Dismemberment/Death) and mailing/e-mail address to send the claim form. This will ensure that the appropriate claim form is promptly sent. The caller should further contact the Habitat for Humanity representative and advise them of the claim.

Once you have received the claim form it must be completely filled out and remitted back to Chubb Accident & Health Claims.

**In addition to the claim form, there will be specific information that is required which is outlined below, so be sure to retain all documentation.**

### **Accident Only Medical Claims:**

- (1) A copy of the HFHI-approved trip itinerary - Including dates and location of the volunteer activity.
- (2) Itemized bills for all medical expenses being claimed including the covered volunteer's name, condition being treated (diagnosis), description of services, date of service(s) and the charge made for each service. This must be remitted with the claim form.
- (3) A brief description of the accident, including how, when and where the accident occurred (time and date).
- (4) Make sure the claim form is signed by a Habitat for Humanity authorized representative.

### **Accidental Dismemberment Claims:**

- (1) The Police Report, any Medical Records and any eyewitness statements.
- (2) A copy of the HFHI-approved trip itinerary - Including dates and location of the trip.

### **Accidental Death Claims:**

- (1) A Certified Copy of the final death certificate.
- (2) The Police Report, any Autopsy Report, and any newspaper clippings.
- (3) A copy of the HFHI-approved trip itinerary - Including dates and location of the volunteer activity.

Once this information is complete please email and scan, fax or mail along with the completed claim form to:

**CHUBB North American Claims - Accident & Health Claims**

**P.O. Box 5124 - Scranton, PA 18505-0556**

**Fax: 302-476-7857**

**[ACEAandHClaims@chubb.com](mailto:ACEAandHClaims@chubb.com)**