

Home country: _____

Emergency contact: _____

Relationship: _____

Phone: (_____) _____

Host country: _____

Arrival date in host country: _____

Requested program start date: _____

Host institution/center name: _____

Address: _____

City: _____ State or country: _____



Membership Fee: Semi-Annual: \$30
 Annual: \$50

Method of payment:

Make checks and money orders payable to:
Student Assurance Services, Inc.

Mail enrollment form to:



Student Assurance Services, Inc.
P.O. Box 196
Stillwater, MN 55082
800-328-2739
www.sas-mn.com

Voluntary Emergency Assistance Program

As a student or faculty member, you are eligible to enroll in the Assist America program on a voluntary basis when actively engaged in an educational/instructional program and/or employed by an institution that offers insurance through Student Assurance Services. The criteria to become a participant of the Assist America program are as follows:

1. You and any declared dependents must have an in-force medical insurance policy that provides worldwide coverage. **Failure to maintain an in-force medical insurance policy will void any obligation for service from Assist America.**
2. You must declare a campus or study location at which you are working/studying.
3. Assist America services are available anytime a non-U.S. covered participant is at his/her campus location or traveling.
4. Assistance Services do not apply when a non-U.S. participant is in his/her country of origin.
5. U.S. students studying in the U.S. are eligible for all services when more than 100 miles from their permanent residence and for selected services on campus.

Enrollment will commence on the requested program start date or the date the enrollment form and fees have been received and processed. Worldwide coverage is in effect 24 hours a day, 365 days a year whenever participants or their dependents are at their declared campus location or while traveling. Coverage will end upon termination of enrollment (as described above) or at any time when the participant and/or his/her dependents cease to meet eligibility requirements.

Program Guidelines

AAI hereby acknowledges its responsibility to provide or contract for the above services subject to the following conditions:

AAI will exclude services for:

- ◆ Travel undertaken for the specific purpose of securing medical treatment
- ◆ Injuries resulting from participation in acts of war or insurrections
- ◆ Commission of an unlawful act
- ◆ Attempt at suicide
- ◆ Incidents involving the use of drugs unless prescribed by a physician
- ◆ Transfer of patient from one hospital to another of similar capabilities providing a similar level of care
- ◆ Travel by spouse of a participant on behalf of spouses' employer (spouse business travel)

AAI will not evacuate or repatriate participants:

- ◆ Without medical authorization
- ◆ With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the participant from continuing his/her trip or returning home
- ◆ With advanced pregnancies of over six months
- ◆ With mental or nervous disorders unless hospitalized

While assistance services are available worldwide, transportation response time is directly related to location/jurisdiction where an event occurs.



GLOBAL EMERGENCY ASSISTANCE SERVICES

Voluntary Program for Students and Scholars



Services provided by:
assist america®

Global Emergency Assistance

Few people know where or how to access appropriate medical care during a medical emergency away from home. With the Assist America (AAI) program offered through Student Assurance Services, Inc., you have protection while you travel. Program participants have access to doctors, hospitals, pharmacies, and other services whenever traveling 100 miles or more from their permanent address or abroad, 24 hours a day, 365 days a year!

One phone call connects enrolled participants to state-of-the-art Operations Centers staffed around-the-clock with trained multilingual and medical professionals to handle medical emergencies quickly and efficiently. Assist America has immediate worldwide response capabilities with a referral network of over 600,000 medical providers, including air and ground ambulance service providers.

www.assistamerica.com

Key Services

Medical Consultation, Evaluation and Referral

Participants have access to the AAI Operations Center with multilingual medical staff on duty 24 hours a day, 365 days a year. Medical personnel are available for medical consultation, evaluation and referrals to English-speaking doctors or specialists.

Hospital Admission Guarantee

AAI will validate a participant's medical insurance, as applicable, or advance funds to a medical facility, to facilitate a participant's admittance to a foreign (non-U.S.) medical facility, as necessary. Any emergency hospital admittance deposit must be repaid within 45 days. Participants, via their health plan, are responsible for costs incurred for medical services in the treating medical facility.

Medical Evacuation

When adequate medical facilities are not available locally in the opinion of the AAI physician, AAI will provide emergency evacuation under medical supervision, by whatever means necessary, to the nearest facility capable of providing required care.

Medical Repatriation

When medically advisable, repatriation to the place of residence following hospitalization at such time as the patient is medically cleared for travel by commercial carrier (provided the repatriation can be accomplished without compromising the patient). If the time for clearance to travel home will exceed a reasonable period of time (not to exceed 14 days) following hospital discharge, other modes of transportation, including air ambulance, may be utilized. Medical or non-medical escorts may be provided as necessary.

Transportation to Join Patient

When a participant is traveling alone, and is to be hospitalized for more than seven days, economy, round-trip, common carrier transportation to the place of hospitalization will be provided to a person chosen by the participant, provided repatriation is not imminent. At participant's request, AAI will provide assistance with arrangements for accommodations.

Prescription Assistance

AAI will aid in transferring and/or replacing a prescription when possible and legally permissible. Participant is responsible for the cost of the prescription.

Care and/or Transportation of Minor Children

When minor child(ren) are left unattended as the result of a participant's medical situation, AAI will provide them with transportation to a person designated by the participant. Attendants will be provided, if required.

Return of Mortal Remains

In the event of a participant's death, AAI will arrange and pay for the return of mortal remains. AAI will render any assistance necessary in the transport including locating a local funeral home to prepare the remains for transport, completing all documentation, obtaining all legal clearances, providing the air transport container, as well as transporting the remains, including retrieval from site of death and delivery to a receiving funeral home.

Emergency Trauma Counseling

AAI will provide immediate emergency trauma counseling with follow up referrals to qualified counselors either on site or upon return home.

Legal and Interpreter Referrals

AAI will provide the participant with referrals to interpreters, counselors or legal personnel, as requested. The cost for actual services is the responsibility of the participant.

Pre-trip and General Assistance Services

AAI will provide other support assistance services, as requested, such as assistance with lost documents, ticket replacement, and lost luggage. AAI will also provide travel-related information such as addresses and telephone numbers of Embassies and Consulates, currency conversion, inoculation and visa requirements as well as telephonic access codes to the U.S. from foreign locations and other pertinent information.

Enrollment Form

PLEASE PRINT – ALL QUESTIONS MUST BE ANSWERED

Name of participant:

First _____ Middle _____

Last _____

Date of birth: _____
Month Day Year

Sex: M F

Social Security or Student ID#: _____

Mailing address:

Street _____

Suite/Apt. _____

City _____

State or country _____ Postal code _____

Phone number: (_____) _____

E-mail: _____

Check one: Graduate Faculty
 Undergraduate Other (describe in detail)
 Scholar

Type of visa held: (J-1, F-1, etc.) _____

Visa number: _____

US citizen - passport number: _____

Medical Insurance:
Primary policy holder name: _____

Medical insurance company: _____

Policy number: _____

Claims phone number: (_____) _____

All services must be arranged and provided by Assist America.
No claims for reimbursement of assistance services will be accepted.

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