2012
Accident & Sickness Insurance Information & Claim Form

International YMCA
Doing a World of Good™
A Branch of the YMCA of Greater New York

AXIS Global Accident & Health Policy No. SRPO-50242-228

This brochure outlines the accident and sickness coverage in force and available to you as a participant in a YMCA sponsored program. A detailed explanation of the coverage provided by AXIS Global Accident & Health Insurance is contained in the master policy filed at offices of the YMCA Headquarters and is available during office hours.

WHO IS COVERED

Eligibility Class 1 – Outbound Coverage: participants of the Alternate Breaks Program, Global Teens Program and Go Global Programs.

Eligibility Class 2 – Inbound Coverage: participants of the International Camp Counselor Program (ICCP), Intern Program, Summer Work & Travel Program, Trainee Program, and Youth Ambassador Program.

WHEN YOU ARE COVERED

Your coverage begins on the later of: (1) the effective date of the contract; or (2) when you become an eligible person. Your coverage ends on the first of these to occur: (1) when you are no longer an eligible person; or (2) the date to which premium was paid; or (3) the termination date of the contract. Termination of coverage will not affect a claim that occurs before the coverage ends.

YOUR INSURANCE BENEFITS

Accidental Death Benefit (Principal Sum $25,000) – If, as a result of injury, an insured dies within 365 days from the date of the Covered Loss, we will pay, subject to the overall maximum for any one accident, the death benefit which applies less any specific loss benefit paid because of the same accident.

Accidental Dismemberment Benefit (Maximum Benefit $50,000) – If, as a result of injury, an insured suffers a Loss within 365 days of the Covered Loss, we will pay, subject to the overall maximum for any one accident, a benefit amount that applies to the insured as specified in the table below.

Type of Loss:	**Benefit Amount:**
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Dismemberment Maximum
Loss of Sight of Both Eyes	100% of the Dismemberment Maximum
Loss of Speech and Hearing (in Both Ears)	100% of the Dismemberment Maximum
Loss of One Hand or Foot and Sight in One Eye	100% of the Dismemberment Maximum
Loss of One Hand or Foot	50% of the Dismemberment Maximum
Loss of Sight in One Eye	50% of the Dismemberment Maximum
Severance and Reattachment of One Hand or Foot	50% of the Dismemberment Maximum
Loss of Speech	50% of the Dismemberment Maximum
Loss of Hearing (in Both Ears)	50% of the Dismemberment Maximum
Loss of Thumb and Index Finger of the Same Hand	25% of the Dismemberment Maximum
Loss of all Four Fingers of the Same Hand	25% of the Dismemberment Maximum
Loss of all the Toes of the Same Foot	25% of the Dismemberment Maximum
EXPOSURE AND DISAPPEARANCE BENEFIT	Included
Aggregate Limit of Indemnity	$500,000
Applies to:	All Conditions of Coverage
Benefits subject to the Aggregate Limit:	Accidental Death, Dismemberment, Catastrophic Cash Combined Maximum

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Insured Persons as the result of any one Covered Accident that occurs under all of the Conditions of Coverage and Benefits specified above. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

Accident & Sickness Medical Benefit ($50,000 Maximum Limit, $100 deductible per accident) – If, as a result of injury or sickness while participating in the Policyholder sponsored and endorsed program, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury or the date sickness begins, we will pay, less the $100 deductible and not to exceed the overall maximum benefit amount, all covered expenses incurred within 104 weeks from such dates. This is a Limited Medical Policy. It is not a major medical or comprehensive medical healthcare policy. **As an excess medical plan, we will not pay benefits for, nor can this plan's deductible be satisfied by, covered expenses to the extent that they are collectible under certain other policies and/or health plans as stated in the policy.**

COVERED MEDICAL SERVICES

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. Services of a Physician or a registered nurse (R.N.);
3. Ambulance service to or from a Hospital;
4. Laboratory tests;
5. Radiological procedures;
6. Anesthetics and the administration of anesthetics;
7. Blood, blood products and artificial blood products, and the transfusion thereof;
8. Physiotherapy including physical therapy and occupational therapy;
9. Rental of Durable Medical Equipment;
10. Artificial limbs, artificial eyes or other prosthetic appliances (not including the replacement of these items);
11. Casts, splints, trusses, crutches, and braces(not including replacement of these items or dental braces);
12. Oxygen or rental equipment for administration of oxygen;
13. Rental of a wheelchair or hospital type bed;
14. Rental of mechanical equipment for treatment of respiratory paralysis;
15. Medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription;
16. Dental charges for Injury to a sound, natural tooth;
17. Pregnancy, as long as conception occurred while covered under this policy, and only for charges incurred while coverage is in force;
18. Hotel Room charge, when the Insured Person otherwise necessarily Hospital Confined, shall under the care of a duly qualified Physician, have to stay in a hotel room owing to the unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond the control of the Insured Person.

EXCLUSIONS

Medical Benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:

1. Intentionally self-inflicted injury, suicide including auto-eroticism or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. Release, whether or not accidental, by any person, unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
6. A Covered Injury or Sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
7. Injury sustained while participating in professional athletics;
8. Routine physical and care of any kind;
9. Routine dental care and treatment;
10. Cosmetic or plastic surgery, except as the result of a Covered Injury;
11. Routine nursery or routine child care;
12. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses ,contact lenses, and/or hearing aids;
13. Services, supplies, or treatment including any period of Hospital Confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Physician, or expenses which are non-medical in nature;
14. In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
15. The commission of a felony offense;
16. Expenses incurred during travel for the purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Specified Trip;
17. Charges for Covered Medical Expenses for which the Insured Person would not be responsible for in the absence of this Rider;
18. Any expense paid or payable by any Other Health Care Plan;
19. Injury or Sickness for which benefits are payable under any worker's compensation or occupational disease law or act, or similar legislation, whether Unites Stated federal or foreign law.
20. Pre-existing conditions -- a condition for which the Insured Person receives any diagnosis, treatment or had taken any prescription medicines during the 12 months immediately preceding the effective date of the Insured Person's coverage under the Policy. This does not apply when the Insured Person is taking prescription medications for a condition which is and remains under control without any change in the required prescription for this time period.

In addition, benefits will not be paid for services or treatment rendered by any person who is: (1) employed or retained by the Policyholder; (2) living in the Insured Person's household; (3) an Immediate Family Member including Eligible Domestic Partner of either the Insured Person or the Insured Person's Spouse; or (4) the Insured Person.

Catastrophic Cash Benefit (Lump Sum Maximum Amount $50,000) – The Company will pay benefits subject to all applicable conditions and exclusions, if the Insured Person suffers Paralysis, Coma or Brain Death, as described below. The Insured Person to whom a Catastrophic Cash benefit is payable will be deemed Totally Disabled. If the Insured Person suffers more than one of these as a result of the same Covered Loss, the largest available benefit will be payable. Paralysis, Coma or Brain Death must occur within 30 days of Covered Loss. Paralysis and Coma must be continuous for 180 days before benefits are payable.

Type of Loss	**Benefit Amount**
Quadriplegia	100% of the Cat Cash Max
Paraplegia	100% of the Cat Cash Max
Hemiplegia	50% of the Cat Cash Max
Uniplegia	50% of the Cat Cash Max
Coma	100% of the Cat Cash Max
Brain Death	100% of the Cat Cash Max

Paralysis and Coma must be continuous for 180 days before benefits are payable.

Medical Evacuation Benefit ($50,000 Maximum Benefit) – The Company will pay the Benefit Amount, subject to all applicable conditions and exclusions, if the Insured Person suffers a Covered Loss or an Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100-mile radius from his or her current place of primary residence. The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred for all Emergency Evacuations due to all Covered Losses from the same Accident or all Emergency Sicknesses from the same or related causes.

Emergency Reunion Benefit ($2,500) – The Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, to have one of the Insured Person's Immediate Family Member accompany him or her to the Insured Person's Home Country or Hospital where the Insured Person is confined if: (1) the Emergency Medical Evacuation Benefit for a Covered Loss is payable to the Insured Person under the Policy and; (2) the Insured Person is alone outside of his or her Home Country and; (3) the place of Hospital Confinement is more than 100 miles from the Insured Person's Home Country.

Repatriation of Remains Benefit ($15,000) – The Company will pay the Benefit Amount, subject to all applicable conditions and exclusions, if an Insured Person suffers loss of life due to Covered Loss or Emergency Sickness while outside a 100 mile radius from his or her current place of primary residence, the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence.

Travel Emergency Support – As part of your accident and sickness coverage, you have access to AXIS Global Accident & Health's travel assistance program for emergencies that occur while travelling almost anywhere in the world, at least 100 miles from home. A travel assistance program is designed to help if you encounter an emergency situation while traveling. It also provides information services that you can use before you leave for your trip. With a local presence in 200 countries and territories and 35 assistance centers open 24/7, we offer support to help you in an emergency whether you are traveling for business or personal reasons. International assistance coordinators and case managers, as well as physicians and nurses, are available to provide support 24 hours a day. In the event of a life-threatening emergency, call the local emergency authorities first to receive immediate assistance, and then contact AXIS Global Accident & Health's travel assistance program with the phone number on the attached wallet card.

THESE SERVICES INCLUDE:

Emergency Medical Assistance

- Medical evacuation and/or repatriation
- Repatriation of remains
- Medical case management and review
- Bedside visit of a family member
- Return of dependent children
- Return of traveling companion
- Prescription replacement or refill assistance
- Eyeglass replacement assistance
- Pre-trip informational assistance
- Pet return
- Vehicle return

Financial, Legal and Communication Assistance

- Emergency cash advance
- Lost document/baggage assistance
- Bail-bond posting
- Referral to attorneys
- Emergency message relays
- Emergency translation/interpretation assistance by phone
- Access to 24/7 security assistance center

E-Services

- Online security database with real time updates
- Online health information
- Online brochure and member fulfillment
- Frequently asked questions and contact information

For emergencies at least 100 miles away from home:

From the U.S. and Canada, call **1-877-243-4134**
From other locations, call collect **240-330-1528**
Or email: **AXIS.travel@europassistance-usa.com**
Please indicate that you are a participant in AXIS Global Accident & Health's travel assistance program.
Policyholder Name: **International YMCA**
Policy #: **SRPO-50242-228**

2012 International YMCA Claim Form

AXIS Global Accident & Health Policy No. SRPO-50242-228
Administered by Consolidated Health Plans (CHP)

All claims must be processed through AXIS Global Accident & Health Insurance**.** Duplicate copies of this claim form should be submitted with particulars fully substantiating each claim immediately after the date of the accident or commencement of illness if possible, and certainly before departure. If available, duplicate copies of bills for initial expenses should be sent to AXIS Global Accident & Health Insurance with the claim form. Duplicate copies of all subsequent bills should be sent as received. All charges must be substantiated with itemized statements submitted by doctors, hospitals, pharmacies, etc. before a claim can be processed. Billing statements that are not itemized are not acceptable as they do not show the specific services provided.

Be sure to sign the claim form and fill in the date before submitting your claim. Mail or fax the claim form and all supporting documentation to:

CHP Claims Department
P.O. Box 420
Springfield, MA 01104-0420 **(or)** **CHP Claims Department Fax: 413-733-4612**

Questions? If you have any questions about your insurance benefits, please call CHP from within the United States at 800-633-7867 and choose Option 2 for Customer Service. If you are calling from outside the United States, call 001-413-733-4540 and choose Extension 166. You can also email CHP at customerservice@consolidatedhealthplan.com.

Name of insured _____

ID Number from CHP ID card, SEVIS Number, or Social Security Number _____

USA work location name and address _____

USA home address _____

USA home or cell phone _____ USA email address _____

Home country address _____

Home country phone number _____ Home country email address _____

Name of parent or guardian if claimant is under 21 _____

Date of accident or sickness _____ Name of injury or sickness _____

If sickness, have you had it before? _____ When? Date of last medical treatment _____

If accident, how did it happen? _____

_____

_____

If accident, is it job-related? Yes _____ No _____ If Yes, is coverage available under your employer's Worker's Compensation insurance? _____

If No, your employer must enclose a letter of denial from his or her Worker's Compensation insurance company so that we can process the claim.

Do you, your spouse or your dependents have any other insurance or medical plan that covers this condition? Yes _____ No _____

If Yes, please provide the name of the insurance company _____

INFORMATION AUTHORIZATION: I hereby authorize any hospital, physician, or other person who has attended me or examined me, to furnish to AXIS Global Accident & Health Insurance or its administrator CHP, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature (Required) _____ Date (Required) _____