



Musica Vesuviana provides full insurance for its students(ALL included in the tuition).

Please, read below for your own perusal. Also, please fill out the form and send back to us.

World Class Study Abroad Plan

An application of insurance for U.S. students studying abroad

administered by

Cultural Insurance Services International (CISI)

River Plaza 9 West Broad Street Stamford, CT 06902-3788 203.399.5121 www.culturalinsurance.com

cisiwebadmin@culturalinsurance.com

other offices: Bonn, Cape Town, London, Paris

2011 Enrollment

The Basic Plan and the Comprehensive Plan are underwritten by The Insurance Company of the State of Pennsylvania

SCHEDULE OF BENEFITS Basic Plan Coverages Maximum limits

- Medical Expense (per Accident or Sickness) Deductible \$100

Comprehensive Plan Coverages Maximum limits

- Medical Expense (per Accident or Sickness) Deductible **Zero**

Limit • Unlimited Lifetime Maximum • Accidental Death and Dismemberment • Medical Evacuation • Repatriation/ Return of Mortal Remains • Team Assist

\$50,000 at 100%

\$10,000 \$100,000 \$50,000 *Included*

Limit • Unlimited Lifetime Maximum • Accidental Death and Dismemberment • Medical Evacuation • Repatriation/ Return of Mortal Remains • Team Assist

\$250,000 at 100%

\$10,000 \$100,000 \$50,000 *Included*

- **Baggage Loss** \$50 deductible; \$100 per article (except for cameras \$250)

- **Emergency Medical Reunion • Tuition Refund • Security Evacuation Rider**

\$1,000

\$1,500 50% up to \$1,000 \$100,000 Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses: •

Charges made by a Hospital for room and board, floor nursing

and other services. • Charges made for Intensive Care or Coronary Care charges

and nursing services. • Charges made for diagnosis, treatment and Surgery by a

Physician • Charges made for an operating room. • Charges made for Outpatient treatment. • Charges made for the

cost and administration of anesthetics. • Charges for medication, x-ray services, laboratory tests and

services, the use of radium and radioactive isotopes, oxygen,

blood, transfusions, iron lungs, and medical treatment. • Charges for inpatient physiotherapy, if recommended by a

Musica Vesuviana Festival - 651 Boylston Street, Suite 1 Boston, MA 02116 U.S.A.

Tel: (617) 905-4074 - Musicavesuvianafestival.com - info@musicavesuvianafestival.com

Physician. • Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon. • Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items. • Local transportation to or from the nearest Hospital by licensed ground ambulance only. • Nervous or Mental Disorders are payable a) up to \$500 for outpatient treatment; or b) up to \$2,500 on an inpatient basis. The Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under the Policy with respect to any one Insured. • Chiropractic Care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or illness. The overall maximum coverage per injury or illness is \$500 which includes x-ray and evaluation charges.

Eligibility Requirements

Citizens of the U.S. who are enrolled as full-time students at U.S. institutions or on a recognized study abroad program and who are temporarily engaged in international educational or cultural activities outside their home country are eligible for coverage. **Exclusions**

For benefits listed in the Schedule of Benefits, this Insurance does not cover: • Pre-Existing conditions, defined as any Injury or Illness which

meets the following criteria: 1. a condition that would have caused a person to seek medical advice, diagnosis, care or treatment anytime prior

to the Effective Date of coverage under the Policy; 2. a condition for which medical advice, diagnosis, care or treatment was recommended or received anytime prior to

the Effective Date of coverage under the Policy. • Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane. • Any consequence, whether directly or indirectly, proximately or

remotely occasioned by, contributed to by, or traceable to, or arising in connection with a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; or b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.

• Routine physicals, immunizations, or other examinations

where there are no objective indications or impairment in normal health, including routine care of a newborn infant, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician.

• The refusal of a Physician or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied.

• Cosmetic or plastic Surgery, except as the result of a covered accident; for the purposes of the Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.

• Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home County, where the objective of the trip is to seek medical advice, treatment or Surgery.

• Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent.

• Injury sustained while under the influence of or Disablement due to wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician for a condition which is covered hereunder.

• Congenital abnormalities and conditions arising out of or resulting there from.

• Expenses as a result or in connection with intentionally self-inflicted Injury or Illness.

• Expenses as a result or in connection with the commission of a felony offense.

• Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, parasailing.

• Dental care, except as the result of Injury to natural teeth caused by accident (limited to \$250 per tooth per Injury).

• Routine Dental Treatment. • Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.

• Expenses incurred within the Insured Person's home country or country of residence.

• Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.

STUDY ABROAD PLAN ENROLLMENT FORM

PLEASE, FILL OUT AND SEND BACK TO

Musica Vesuviana,
651 Boylston Street, Suite 1
Boston, MA 02116

PARTICIPANT CONTACT INFORMATION:

Name _____ U.S. Mailing
Address _____

City _____ State _____ Zip _____
Telephone number _____ Email _____

Date of birth ____/____/____

PROGRAM INFORMATION:

Female Male

Name of international institution you will attend _____ Musica Vesuviana
Festival _____ Host country _____

Program start date ____ June 22 ____ / ____ 2012 ____ / ____ Program end date ____ July 6 ____ / ____ 2012 ____ / ____

Relationship _____

I have read and understand the terms and conditions of the policy and authorize payment for the above enrollment.

Signature _____ Date ____/____/____