

Student Travel Accident

COVERAGE SUMMARY

INSURER:

QBE Insurance
Company

POLICY TERM:

December 31, 2018 to
December 31, 2019

POLICY NO:

NHH000314

A.M. Best Rating:

A



QUESTIONS:

Stacey Weeks

(415) 403-1448
weeks@alliant.com

Van Rin

(415) 403-1408
vrin@alliant.com

Robert Leong

(415) 403-1441
rleong@alliant.com

NAMED COVER ENTITY:

Trustees of California State University, et al.

COVERED PARTIES:

Enrolled students, including students enrolled only in extended education programs, of the California State University

MEDICAL EXPENSE BENEFIT:

Full Excess

LIMITS:

\$50,000	Accident Medical Expenses - Total Maximum Benefit Amount
\$10,000	Accidental Death
\$10,000	Accidental Dismemberment
\$500,000	Aggregate Limit of Liability

MEDICAL EXPENSE DEDUCTIBLE:

\$0	Each covered accident & included covered expense paid under another Health Care Plan
180 days	First Covered Expenses must be incurred with Benefit Period

HAZARDS INSURED AGAINST:

Injuries to the Covered Parties while:

1. Away from Campus, or
2. Traveling to or from or participating in a school sponsored activity

COVERED ACTIVITIES:

1. Supervised and sponsored activities while away from the campus which are part of a course requirement or are sponsored by an auxiliary organization or other recognized student organization or club
2. Travel to or from intercollegiate athletic events away from campus but does not include participation in such events or practices
3. Overnight supervised and sponsored activities with duration of more than **14 days** and related travel are not covered

COVERAGE TERRITORY:

United States

COVERAGE SUMMARY

INSURER:
QBE Insurance
Company

POLICY TERM:
December 31, 2017 to
December 31, 2018

POLICY NO:
NHH000314

A.M. Best Rating:
A



QUESTIONS:

Stacey Weeks
(415) 403-1448
sweeks@alliant.com

Van Rin
(415) 403-1408
vrin@alliant.com

Robert Leong
(415) 403-1441
rleong@alliant.com

EXCLUSION(S):

1. Intentionally self-inflicted Injury, suicide or any attempt thereof 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. Bungee jumping; parachuting; skydiving; parasailing; hang-gliding
5. Declared or undeclared war or act of war
6. Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline
7. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
8. Participation in any motorized race or contest of speed
9. 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
10. Travel or activity outside the United States
11. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage
12. Injuries compensable under Workers' Compensation law or any similar law

HOW TO REPORT A CLAIM:

Notify your Claims Administrator:

Report claims within 30 days after the covered loss occurs or begins or as soon as reasonably possible.

Health Special Risk, Inc. (HSR)

4100 Medical Parkway
Carrollton, Texas 75007-1517
(972) 512-5600
CSRSM@hsri.com