

**2011/2012**  
*Claim Form and*  
*Insurance Information*

**BUNAC**

**in conjunction with IENA**

**Work Exchange Programs into  
North America**

All claims are to be mailed by you to:

**NAHGA Claim Services**

**PO Box 189, Bridgton, ME 04009**

**Toll Free: 1-800-952-4320**

**Phone: 1-207-647-3108**

**Fax: 1-207-647-4569**

**8:00am–7:00pm Eastern time Monday–Friday**

**[bunac@nahga.com](mailto:bunac@nahga.com)**

**IT IS THE RESPONSIBILITY OF EACH PARTICIPANT TO FILE HIS OR HER OWN INSURANCE CLAIM FORM, AND TO ENSURE THAT ALL RELEVANT BILLS ARE SUBMITTED TO THE COMPANY AT THE ABOVE ADDRESS. CLAIMS CANNOT BE FILED ON BEHALF OF PARTICIPANTS BY BUNAC, IENA, CAMPS, EMPLOYERS OR HOST ORGANIZATIONS.**

**Underwritten by:** National Union Fire Insurance  
Company of Pittsburgh, PA, a Chartis Company

## A Note From BUNAC and IENA

The policy provides a package of coverage which has been specifically designed to meet the needs of participants. However, it does not operate automatically. The fact that you have coverage doesn't mean that any medical bills (for example) will magically be taken care of by the insurance company. On the contrary, nothing can happen until **you** trigger the process by making a valid claim to NAHGA Claim Services. If you don't make the claim *properly*, you could end up personally liable for the bills, and that wastes your insurance premium. Your insurance claim will not be settled simply by handing in your insurance ID card to the hospital.

**A valid insurance claim is straightforward and consists of three things:**

- (1) The completed claim form.
- (2) A letter giving FULL details of the incident involved and stating exactly what you are claiming for.
- (3) Supporting proof for the kind of claim you are making (e.g. police report or crime reference number for stolen bag; hospital/pharmacy bills for illness; receipts and dates of purchase for lost items; etc.).

**Please note that it is your responsibility to obtain this evidence and provide it to the Claims Department.**

If NAHGA doesn't have all three from you, they cannot process your claim!

## WORK RELATED INJURIES

If you have an accident or are injured while you are (a) at work and (b) performing your normal duties, you must always immediately notify your employer/camp director that you wish a claim to be filed under Workers' Compensation. Employee insurance coverage under Workers' Compensation is required in almost every US State. In addition, and separately, you should protect your interests by filing a claim under this policy, just in case the WC claim is denied or does not cover all your medical expenses.

## DOLLARS, POUNDS or ...?

By default, claims are normally paid in U.S. Dollars, unless you specifically request otherwise in your covering letter (#2 above). Claims can also be paid in Euros or the currency of the following countries: Australia, Canada, New Zealand, South Africa and the United Kingdom (other countries may be available upon request). Such payments typically take 7-10 days longer than U.S. Dollar payments. It is imperative that you provide the full name and address of the foreign provider and specify if the payment should be made in foreign currency. Otherwise, payment will be sent to you in U.S. Dollars and you will be responsible for paying the provider. The exchange rate used is the applicable rate at the date of service (i.e. on the date expenses were incurred).

## DEFINITIONS

**"You" or "your"** as referred to in this leaflet means the Insured Person.

**"We" or "us"** as referred to in this leaflet means the Insurance Company (National Union Fire Insurance Company of Pittsburgh, PA).

**"Covered Flight"** as referred to in this leaflet means only one (1) direct round-trip flight from/to North America, during your period of coverage under this policy and which has been booked for the purpose of participation in a BUNAC work/travel Program.

**"Natural Disaster"** means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, tsunami, wildfire or other similar event that: (1) is due to natural causes; and (2) results in such severe and widespread damage that the area of damage is officially declared a disaster area by a state government or the federal government if the event occurs in the United States of America or by a corresponding governmental authority if the event occurs outside the United States of America.

**Your claim form is included at the back of this leaflet.**

You are covered by this policy for eligible expenses actually incurred in North America or adjacent islands, while you are an active participant in a work/travel program arranged by BUNAC and IENA for the applicable period of coverage (see below). An active participant is an individual who is fully registered in and honoring the conditions of his/her program.

**YOU SHOULD NOTE THAT ALL FIGURES QUOTED IN THIS LEAFLET ARE IN US DOLLARS.**

## **PERIOD OF COVERAGE**

Coverage is normally in force from the outward departure until the return arrival of your work program flight to/from the USA as specified by BUNAC/IENA, or (for OPT) until your coverage termination date on file with BUNAC/IENA. If you stay beyond the latter date, you will need extra insurance. A separate policy is available through BUNAC. Coverage is normally in force between the dates on file with BUNAC/IENA and for which premiums have been paid in full.

## **PART A. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

*This benefit does not cover death resulting from illness.* If your injury causes any one of the losses listed below, within 180 days from the date of the accident, we will pay the benefit shown. If injuries in one accident result in more than one of the losses specified, only one payment will be made for all such losses, which will be the largest applicable. Dismemberment “loss” means the entire and irrecoverable loss of sight or hearing, or actual severance through or above wrist or ankle joints. “Loss by paralysis” means complete and irrecoverable inability to move one or more entire extremities as a result of neurological damage as determined by a licensed physician.

<b>For loss of:</b>	<b>Amount:</b>
Life .....	\$ 15,000
Both hands or both feet .....	\$ 15,000
Entire sight of both eyes .....	\$ 15,000
One foot and entire sight or one eye .....	\$ 15,000
One hand and entire sight of one eye .....	\$ 15,000
One hand and one foot .....	\$ 15,000
Speech and hearing .....	\$ 15,000

One hand or one foot.....	\$ 7,500
Entire sight of one eye.....	\$ 7,500
Speech or hearing .....	\$ 7,500
Loss of hearing in one ear .....	\$ 3,750

**Loss by paralysis:**

Both upper and lower extremities .....	\$ 15,000
Both lower extremities .....	\$ 7,500
One lower and one upper extremity .....	\$ 7,500

**PART B. MEDICAL EXPENSES -  
ACCIDENT OR SICKNESS**

*This Policy covers Usual, Customary and Reasonable expenses. If you are required to pay in advance for treatment, you should check with BUNAC. We will pay the Usual, Customary and Reasonable medical expenses actually incurred for sickness or as the direct result of injury while this policy is in force and you are an active participant (as defined above). The total benefit shall not exceed \$1,000,000 under Plan A (or \$2,000,000 under Plan B) for each accident or for each sickness. Eligible expenses must be incurred within one hundred and four (104) weeks from the date of accident occurring, or sickness first diagnosed or treated, during the period for which your coverage is in force.*

When by reason of injury to your sound, natural teeth, dental treatment is required, we will pay the actual expense of treatment to such sound natural teeth. The definition of “sound natural teeth” should be checked with us before treatment, if in question.

Covered Expenses include transportation from the place of injury or illness to the nearest medical facility where necessary medical treatment can be obtained or continued, including to your home country for further treatment or to recover.

**PART C. EMERGENCY ALLEVIATION  
OF DENTAL PAIN**

We will pay the Usual, Customary and Reasonable expenses up to a maximum of \$1,500 for the emergency alleviation of dental pain including expenses incurred for the removal of an impacted and/or abscessed wisdom tooth.

## LIMITATIONS AND EXCLUSIONS

### (Applicable to Parts A, B and C)

#### **This Policy does not cover:**

1. Eyeglasses or prescriptions therefor, or equipment for corrective treatment of sight.
2. Transportation costs, except as provided in Part B above.
3. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
4. Injury occurring in a plane other than while riding as a passenger in a licensed passenger aircraft operated by a licensed commercial pilot.
5. Any injury resulting from off-trail or backcountry skiing or snowboarding.
6. Any injury resulting from skiing or snowboarding racing activities of any kind.
7. Any injury or sickness resulting from your failure to follow the written or verbal advice of a medical professional.
8. Dental treatment, dental x-rays, dentures, except as specified above.
9. Health treatments where no injury or sickness is involved.
10. **Expenses covered by any other valid and collectible insurance, including any valid automobile or Workers' Compensation insurance (covered injuries applying to Worker's Compensation shall be payable on an excess basis and covered sickness may be payable on a primary basis).**
11. Loss involving participation by you (during the journey) in motorcycling for any purpose.
12. Loss caused by war or any act of war (declared or undeclared).
13. Charges for treatment of a Pre-Existing Condition, i.e. one arising from an injury occurring prior to the date of the covered incident. In the case of sickness, a Pre-Existing Condition is one for which medical

advice or treatment was recommended by or received from a physician during the 12 months preceding your effective date.

We will not pay for claims arising from any condition which existed within the 12 month period before your coverage commenced under this insurance plan and resulted from a sickness which required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled and without any change in the required prescription during the 12 month period before your effective date of coverage.

We will not pay for the cost of medication which was required during the 12 month period before your coverage commenced under this insurance plan and which is required or continued during your period of coverage.

14. Pregnancy, childbirth, miscarriage, abortion, or related complications from any of the aforementioned.
15. Voluntary self-administration of any drug or chemical substance not prescribed by a licensed physician. (Accidental ingestion of a poisonous substance is not excluded.)
16. Sexually transmitted diseases, unless as a result of an accident or blood transfusion.

## **PART D. REPATRIATION OF REMAINS**

If you die in a covered area within the term of coverage, we will pay the reasonable Covered Expenses incurred to prepare and return your remains to your former home (in accordance with applicable international requirements) or pay the reasonable cost of funeral, burial, or cremation expenses in the country where your death occurred. In addition, we will pay the shipping cost up to a maximum of \$1,000 for personal belongings. Total aggregate benefit shall not exceed \$10,000. Eligible expenses must be pre-approved by us.

## **PART E. AIR FARE REFUND**

**Please note:** *Wherever possible, you must obtain prior approval from BUNAC before making any extra travel arrangements for which you intend to make an insurance claim. You should also note that any reference to “flight” means one “covered flight” as per the Definitions section of this leaflet. There is no coverage for any other flights booked during the period of your coverage. There is no coverage for any flight for which you do not hold a prepaid ticket.*

### **I) Accident or Sickness**

If while the policy is in effect and as a result of treatment commencing within ninety (90) days before your departure date to North America, for any one or more of the following reasons:

- (a) Accidental bodily injuries necessitating the regular attendance and care of a legally qualified physician or surgeon; or
- (b) Disease or sickness necessitating the regular attendance and care of a legally qualified physician or surgeon; or
- (c) Quarantine confinement to the place of residence or elsewhere on order of a physician or Public Health Authority; or
- (d) Necessary cancellation of the trip so ordered by a Public Health Authority due to an epidemic or contagious disease in the area of travel,

you are prevented from embarking upon said flight, we will pay an indemnity equal to 100% of the actual pre-paid non-refundable air fare expenses on record for such flight. If, after embarking on such trip, you are unable to use your original non-refundable booked flight ticket from North America for any one or more of the above causes, we

will reimburse you for up to the actual and strictly necessary additional flight costs incurred by you, of the lowest normal one-way economy flight fare from the point of departure to the original booked destination from North America.

The maximum amount payable under this benefit is \$1,590.

## **II) Death in the Immediate Family**

A. If while the policy is in effect and as a direct result of a death in your immediate family (father, mother, sister, brother, legal spouse, child and grandparent), within ninety (90) days before the departure date of your booked flight, we will pay an indemnity of up to 100% of the actual air fare expense on record with BUNAC for you. If, after embarking on such trip, you are forced to return prior to your booked flight because of the above described death in your immediate family, we will reimburse you for up to the actual and strictly necessary additional flight costs incurred by you, of the lowest normal one-way economy flight fare from the return point of departure to the original return destination.

The maximum amount payable under this benefit is \$1,590.

B. If while the policy is in effect and as a direct result of a death in your immediate family (father, mother, sister, brother, legal spouse, child and grandparent), if after embarking on such trip, you are forced to return prior to your booked flight for said reason, we will reimburse you for either (1) whatever proportion of those flight and other expenses remain owed by you to BUNAC under the terms of the Loan and Guarantee form, or (2) \$1,590 less \$176 for each whole week spent in North America since the date of first scheduled program arrival, whichever is the less. The maximum amount payable under this benefit is \$1,590.

Total aggregate for A+B is \$3,180

## **III) Visitation of the Immediate Family - Travel Expenses**

Strictly necessary traveling costs incurred by a maximum of two members of the immediate family in visiting you when in the opinion of a medical practitioner acceptable to us, such a visit

is necessary due to a bodily injury or illness **which constitutes an immediate danger to life.**

The maximum amount payable under this benefit is \$4,000.

#### **IV) Travel Ticket Reimbursement**

If while the policy is in effect (after you arrive in North America) and as a direct result of a covered illness, accident or death, you are prevented from using a pre-paid, non-refundable North American ticket for travel, you will be reimbursed up to \$800. All claims must be submitted through and approved by BUNAC.

#### **V) Natural Disaster**

Coverage shall apply for strictly necessary incurred expenditure required to ensure your safety and relocation to the nearest point of your original itinerary if you are in the physical presence of and directly affected by a Natural Disaster. The maximum amount payable under this benefit is \$3,000.

##### **A. Part E does not cover loss resulting from:**

1. Alcoholism or drug addiction.
2. Pregnancy, except for complications of pregnancy.
3. Illness, injury, treatment or medical conditions arising out of:
  - a. War or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; service in the armed forces or units auxiliary thereto.
  - b. Suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane.

##### **B. (Sections I, II and IV)**

This policy does not cover any journey if you do not already hold a prepaid ticket for that journey.

## PART F. TRAVEL BAGGAGE

1. Baggage and Personal Effects will be covered from the date of your outward covered flight to the arrival date of your return program flight on file with BUNAC/IENA, including direct travel to and from the airport.

2. This policy insures Personal Effects owned by you and for your personal use, adornment or amusement **excluding** Money, Securities, Tickets (except non-refundable North American travel tickets),

Documents (except passports), Jewelry (except watches), Contact Lenses, Animals, Automobiles and Automobile Equipment, Motorcycles, Boats, Motors, or Other Conveyances and related equipment (except Bicycles while checked as baggage with a common carrier), Household Furniture, Dental Appliances, Artificial Teeth and Limbs.

### 3. VALUABLE ARTICLES

- (a) Valuable articles include cell phones, PDAs, watches, musical instruments, cameras, computers, radios and sound reproducing or recording devices, non-refundable travel tickets (i.e. proportionate reimbursement for the unused portion of a non-refundable North American travel ticket, adjusted by unused coupons or unused days of travel).
- (b) "Passports" includes reasonable additional travel and accommodation expenses incurred, in obtaining a new passport, including the cost of a replacement passport. *(Please note: This policy will not pay the cost of a replacement passport obtained outside North America.)* You must obtain a written police report within 24 hours of the loss.
- (c) For purposes of this insurance, "valuable article" shall include all related equipment and other accessories, e.g. "camera" includes lenses, memory cards, flash, etc.; "MP3 Player" includes headphones, memory cards, speakers, etc.
- (d) The maximum amount payable for personal recreational/sports equipment is \$600 per incident.
- (e) The maximum amount payable for any individual valuable article is \$600.
- (f) The maximum amount payable for valuable articles in total is \$2,000.
- (g) Non-prescription sunglasses are insured up to \$80 only.

#### 4. THIS POLICY INSURES AGAINST

Loss, theft or repair costs resulting from direct physical damage to baggage and personal effects while you are an active participant in a BUNAC program. We reserve the right to inspect damaged items.

#### 5. THIS POLICY DOES NOT INSURE

- (a) Against loss or damage caused by wear and tear, gradual deterioration, insects, vermin, inherent vice or damage sustained due to any process or while actually being worked upon and resulting therefrom.
- (b) Against loss or damage caused by or resulting from:
  - (i) Hostile or warlike action in time of peace or war, including action in hindering, combating or defending against an actual, impending or expected attack, (1) by any government or sovereign power (de jure or de facto), or by any authority maintaining or using military, naval or air forces; or (2) by military, naval or air forces; or (3) by any agent of any government, power, authority or forces;
  - (ii) Any weapon of war employing atomic fission or radio active force whether in time of peace or war.
- (c) Against loss of or damage to property specifically or otherwise insured, including automobile and homeowner's insurance, or for which other remuneration or recompense is received.

The maximum amount payable under this benefit is \$5,000. The maximum amount payable for any individual item is \$600, unless otherwise defined. All losses will be assessed by us on a depreciated value basis, i.e. actual verifiable cash value at the time of loss and not replacement value.

### **PART G. BAGGAGE DELAY**

We will reimburse you for the expenses of necessary personal effects up to a maximum of \$100, if your checked baggage is delayed or misdirected by a common carrier for more than 12 hours (24 hours in the case of the original outward flight to North America) from the

time of your arrival at the scheduled destination. Part G does not cover your return flight from the USA.

You must be a ticketed passenger on a common carrier.

All losses must be verified by the common carrier who must certify the delay or misdirection.

“Checked Baggage” means a piece of baggage for which a claim check has been issued to you by a common carrier.

“Common Carrier” means any land, water or air conveyance operated under a license for the transportation of passengers for hire.

## **PART H. TRIP DELAY**

**Please note:** *Claims made under this section require a separate claim form available from BUNAC.*

If your Trip is delayed due to any of the Covered reasons listed below that results in an interruption of the pre-booked Covered Flight from the original point of departure to the final destination, we will reimburse you up to \$500 for:

- (1) Reasonable additional expenses such as hotel, meals, taxi/bus fares or other local transportation.
- (2) Ticket transfer fees and additional ticket booking expenses necessary to continue the Covered Flight from the original point of departure to the final destination.

It is the intent that the Common Carrier will provide alternative flight and/or accommodation costs for a Covered Reason. Coverage will apply only after a verifiable denial of such compensatory action by the Common Carrier is received.

Covered Reasons:

Benefits will only be payable for a delay or cancellation:

1. caused by inclement weather.
2. due to a Strike or other job action by employees of a Common Carrier scheduled to be used by you during the itinerary of your Covered Flight;

3. caused by Equipment Failure of a Common Carrier;
4. due to your lost or stolen passports, travel documents, or money;
5. quarantine, hijacking, Natural Disaster that causes a complete cessation of travel services at the point of departure or destination, civil commotion or riot;

This benefit is payable for one delay per Insured, per Covered Flight.

Definitions:

**Covered Flight** means only (1) direct round trip flight from/to North America during the period of coverage under this policy and which was booked for the purpose of participation in BUNAC work/travel program.

**Equipment Failure** means any sudden, unforeseen breakdown in the Common Carrier's equipment that caused a delay or interruption of normal trips.

**Inclement Weather** means any severe weather conditions which delays the scheduled arrival or departure of a Common Carrier.

**Reasonable Additional Expenses** means any expenses for meals, lodging, taxi/bus fares or other local transportation which were necessarily incurred as the result of a Trip Delay and which were not provided by the Common Carrier or any other party free of charge.

## **PART I. OPERATOR DEFAULT NON-REFUNDABLE TRAVEL TICKETS**

If a prepaid ticket for travel within North America or the return portion of your Covered Flight from North America to your original departure point is **100% unusable** as a result of the financial default of a licensed travel provider and such loss is not covered by any other insurance, bonding system or guarantee of any kind, this policy will cover proportionate reimbursement for the unused portion of such a ticket, adjusted by unused coupons or unused days of travel or, in the case of

the original covered flight, the lowest economy airfare as approved by BUNAC to your original departure point up to a maximum of \$1,000.

## **PART J. SUBROGATION**

To the total extent that we pay for losses incurred, we may assume your rights and remedies relating to such loss. You agree to assist us in preserving our rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by us.

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**NAHGA and BUNAC have developed internal procedures for dispute resolution. If at any time our services have not satisfied your expectations, you can request a management review of your claim. A separate management team will review any complaint under our Complaints and Disputes Resolution Procedures. You will receive a response within 15 working days of receipt.**

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All information contained herein is a summary of the coverage and is subject to the conditions of the policies. Refer to Policies GLB-9128552 and GLB-9128553 issued to BUNAC for exact details. In the event of any conflict between this brochure and the actual policies, the insurance policies will govern in all cases.

**III. AIR REFUND**

- (a) Complete the General Information Section I and Section VI.
- (b) Payment should be made to \_\_\_\_\_
- (c) Provide certification by legally qualified physician or surgeon as to reason for cancellation.
- (d) If death in the immediate family, provide copy of death certificate or certification by legally qualified physician or surgeon, and provide sufficient documentation of your relationship with the deceased (copies of birth or marriage certificates, etc.).
- (e) Provide proof of your original "covered flight" and any refund made by your airline/agent. If the ticket was non-refundable, please enclose the original ticket/e-ticket and any proof of non-refundability or refund denial.
- (f) Provide proof of actual extra flight costs (e.g. ticket coupons or flight transfer fee receipts).

**IV. BAGGAGE INSURANCE**

- (a) Complete the General Information Section I and Section VI.
- (b) In your covering letter, give full details of the incident resulting in the loss or damage.
- (c) **Your claim will not be processed unless you include an official verifiable record of loss from police/hotel/airline, etc., dated within 24 hours of date of loss. If a police report is required and not available, please include the crime reference number together with the telephone number and complete address of the police station. If loss is from a rental car, submit copy of rental agreement.**
- (d) If loss is in conjunction with travel by airline/bus/train (or other common carrier), coverage may exist under their own insurance policy. If this is not the case, please include their letter of denial.
- (e) Attach original receipts and a separate typed or printed list of property lost or damaged specifying purchase date, model number and purchase price. **If receipts are not available, you must provide estimated dates of purchase and original purchase prices. Higher depreciation applies if receipts are not provided.**

Sample:

Manufacturer (if known)/Item	Purchase Date	Purchase Price
Nikon Camera/Model #45689	2 Sept. 2010	£96
Sony Discman/Model #35H	Approx. June 2009	£50 approx.
Oakley Sunglasses	Approx. Apr. 2008	£75 approx.

- (f) If property was repaired, include bills. If an item is damaged beyond repair, include a statement to this effect from an appropriate repair service.

**V. BAGGAGE DELAY**

- (a) Complete the General Information Section I and Section VI.
- (b) In your covering letter, give full details of incident resulting in the delay or misdirection of your baggage.
- (c) Provide written proof from the airline, bus company or other carrier of the delay or misdirection of you baggage.
- (d) Attach original receipts and a separate typed or printed list of necessary personal effects which were purchased as a direct result of the delay or misdirection specifying date and price of purchase. **Reimbursement will only be made (up to the policy limits) on items for which original receipts are not provided.**

Sample:

Item	Purchase Date	Purchase Price
Cotton Shirt	2 June 2011	\$25
Toiletries	2 June 2011	\$20
Trousers	2 June 2011	\$35

- (e) Provide a copy of your travel ticket on the affected journey.

**VI. DECLARATION BY INSURED** *Please read carefully before signing.*

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, group policyholder, insurance company or employer to furnish to the Insurance Company or its representatives, any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to the person whose death, injury, sickness or loss is the basis of claim, and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under these Policies. I authorize the group policyholder or employer to provide the Insurance Company with financial and employment-related information. I understand that this authorization is valid for the term of coverage of these Policies and that a copy of this authorization shall be considered as valid as the original.

(California) - For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

(For residents of New York) - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

(For residents of Pennsylvania) - Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

(For claimants not residing in California, New York, or Pennsylvania) - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I agree that to the total extent the Insurance Company pays for losses incurred, it may assume my rights and remedies relating to such loss. I further agree to assist the Insurance Company in preserving its rights against those responsible for such loss, including but not limited to signing subrogation form supplied by the Insurance Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE REMEMBER TO ATTACH YOUR COVERING LETTER**

All claims are to be mailed or emailed by you to:

NAHGA Claim Services  
PO Box 189, Bridgton, ME 04009

Telephone Queries: Toll Free: 1-800-952-4320 Phone: 1-207-647-3108 Fax: 1-207-647-4569 8:00am-7:00pm Eastern time Monday-Friday  
bunac@nahga.com

IT IS THE RESPONSIBILITY OF EACH PARTICIPANT TO FILE HIS OR HER OWN INSURANCE CLAIM FORM, AND TO ENSURE THAT ALL RELEVANT BILLS ARE SUBMITTED TO THE COMPANY AT THE ABOVE ADDRESS. CLAIMS CANNOT BE FILED ON BEHALF OF PARTICIPANTS BY BUNAC, IENA, CAMPS, EMPLOYERS OR HOST ORGANIZATIONS.

# 2011/2012 INSURANCE CLAIM FORM

## BUNAC/IENA NORTH AMERICAN PROGRAMS

**NATURE OF INCIDENT:**  MEDICAL (Policy # GLB-9128552)  AIR FARE/BAGGAGE REFUND (Policy # GLB-9128553)

DATE OF INCIDENT

BOOKING REF#

FLIGHT DATES (this box must be completed)

<input type="text"/>	<input type="text"/>
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This box must be completed

This box must be completed

Outward

Homeward

**COMPLETE APPLICABLE SECTIONS BELOW AND ATTACH SEPARATE COVERING LETTER GIVING FULL DETAILS OF THE INCIDENT.**

### I. GENERAL INFORMATION AND INSTRUCTIONS

Your Name \_\_\_\_\_  
(Last) (First) (Middle)

M  F

Date of Birth (MM-DD-YY) \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Home address:

Address while in North America:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of treating Physician (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### ENCLOSE ALL BILLS YOU HAVE PERTAINING TO THE CLAIM

If a claim incurs more than one bill, it is best to submit all bills at the same time. However, if there is a delay in your receiving a bill or a medical claim involves extended or repeated treatment, send a completed copy of this form or a letter to us as soon as possible, and send the bills along as you receive them. If so, please indicate that additional bills are to follow, giving details if possible. In any case, we should be notified of a pending claim no later than 14 days after the date of the incident.

**THIS INSURANCE DOES NOT COVER ANY INCIDENT FIRST OCCURRING OUTSIDE THE DATE PERIOD SPECIFIED BY YOU AND AGREED TO BY BUNAC AND FOR WHICH PREMIUMS HAVE BEEN PAID IN FULL.**

### II. MEDICAL/DENTAL EXPENSE

(a) Complete the General Information Section I and Section VI.

(b) **All bills must be itemized, include patient's name, diagnosis, dates and description of service.**

(c) Is this claim for illness  accident  dental expense  ?

(d) Nature of illness or injury \_\_\_\_\_

(e) If illness, have you had it before? Yes  No

If Yes, give date of last treatment \_\_\_\_\_

(f) If accident, state brief details below (how, when and where the accident happened). Provide a full description in your covering letter, including what you were actually doing at the time of the accident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(g) Did this injury occur while you were at work? Yes  No

If Yes,

(a) Did this injury occur during your scheduled employment hours? Yes  No

(b) Did this injury occur while you were engaged in your actual employment responsibilities? Yes  No

**If you have answered YES to any part of this question, you may be entitled to benefits under Workers' Compensation insurance and MUST file an incident report with your employer as soon as possible.** Please give a full description of the incident in your covering letter. Also please include the date and to whom you made this report, as well as the actual duties you were performing.

(h) Was a motor vehicle involved in this incident? Yes  No

If Yes, give details including vehicle insurance company, policy number, vehicle owner, vehicle driver, etc. in your covering letter.

(i) Payment will be made to the Doctor, Hospital or other Medical Provider. If the bills have already been paid, enclose proof of payment and state in your covering letter the name and address of person(s) to whom reimbursement should be made.

**PLEASE WRITE IN BLOCK LETTERS**