

Health Insurance for U.S. Students Studying Abroad

This is the Plan for your Protection while Studying Abroad!

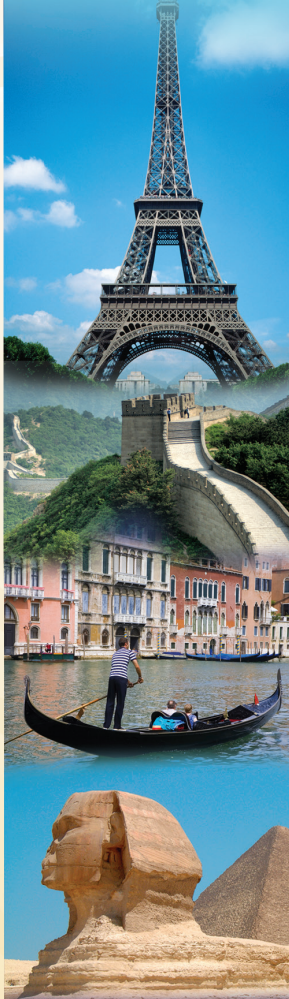
Basic Option

- Medical Expense Limit of \$100,000
- Emergency Medical Evacuation Benefit
- Repatriation of Remains Benefit
- Emergency Reunion Benefit
- Accidental Death & Dismemberment Benefits
- 24 Hour International Emergency Assistance

High Option, all of this and more...

- No deductible
- Medical Expense Limit of \$250,000
- Trip Interruption, Trip Cancellation, Home Country Extension

You are entitled to the benefits described in this Brochure if you have enrolled for this insurance and paid the required premium.



Health Insurance for
U.S. Students Studying Abroad



ACE American Insurance Company
436 Walnut Street
Philadelphia, PA 19106



Fron+ierMEDEX
GO FURTHER. DO MORE.

CMI Insurance
FrontierMEDEX
P.O. Box 19056
Baltimore, MD 21284
(410) 583-2595
(800)-586-0753
FAX (410) 583-8244

This brochure provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in GLM N04849814, issued to: Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

Under the HIPAA Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with the enrollment materials. If, at any time, you wish to request a copy of ACE USA's HIPAA Privacy Notice, write to ACE USA Accident & Health Compliance Office, 436 Walnut Street, Philadelphia, PA 19106 or call 215-640-2611.

STUDY ABROAD INSURANCE

Even if you have good health insurance at home, you may have limited coverage or no coverage at all while abroad. Few domestic insurers, Health Maintenance Organizations or Preferred Provider Networks provide coverage for medical evacuations, reunion benefits, repatriation benefits, or medical assistance in a foreign country.

The Health Insurance for U. S. Students Studying Abroad plan is designed for foreign trips or visits lasting up to 12 months and may provide you with real peace of mind. If you get sick or injured you need to know – quickly – where to go for the best medical treatment possible. The plan is widely recognized by Study Abroad professionals.

Benefits include:

- Access to the 24/7/365 FrontierMEDEX Assistance network for emergency assistance anywhere in the world. This gives you fast, reliable referrals to the nearest medical facility or provider, as well as help relaying messages to family members.
- \$100,000 Basic Option or \$250,000 High Option Medical Expense Benefit.
- Emergency Medical Evacuation Benefit.
- Emergency Reunion Benefit.
- Repatriation of Remains Benefit.
- Accidental Death and Dismemberment Benefit.

High Option with No Deductible, Trip Interruption, Trip Cancellation and Home Country Benefits.

Eligibility

You may be covered under this Plan if you are temporarily pursuing educational activities outside the United States as a participant of a study abroad program or experience, and you are a United States citizen, permanent resident of the U.S. or an international student in the U.S., and you are enrolled as a student; or you are a faculty or staff member. International students, international faculty or international staff members are not eligible for coverage in their Home Country, except as provided by the Home Country Emergency Benefit Optional Rider, if the High Option plan is selected.

Enrollment Information

Depending upon your needs and situation, you may select a period of insurance from a minimum of one month to a maximum of 12 months. Should you wish to continue your coverage at the end of this initial period, the Company will then determine your eligibility for an additional term of coverage.

To enroll in the Plan, please visit www.cmi-insurance.com.

Period of Coverage

Coverage will begin at 12:00 (midnight) local time on the latest of the following: a) your departure from the United States; b) the date your enrollment form and premium are received by the Company or its designated administrator; or c) the date you requested on the enrollment form for coverage to begin.

Coverage will end on the earliest of the following: a) the termination date as shown on your ID card; b) the date through which premium has been paid; or c) the coverage termination date under Policy provisions.

Coverage is not available once the covered person has returned to the United States or his or her Home Country, except as provided by the Home Country Emergency Benefit, if the High Option is selected.

Coverage Premiums

BASIC PLAN Monthly Rates

Insured's Age	Insured Only
Less than 31	\$32.00
31 - 39	\$59.00
40 - 49	\$91.00
50 - 59	\$151.00
60+	\$279.00

HIGH OPTION PLAN Monthly Rates

Insured's Age	Insured Only
Less than 31	\$44.00
31 - 39	\$78.00
40 - 49	N/A
50 - 59	N/A
60+	N/A

*For example, if effective date is August 5, one month's coverage will be through midnight September 4.

Medical Expense Benefits

	Plan A - Basic Plan Accident & Sickness	Plan B - High Option Accident & Sickness
Covered Expenses	100% up to \$100,000	100% up to \$250,000
Deductible	\$50 per Sickness or Injury	\$0 deductible
Emergency Reunion Benefit	\$3,000 benefit limit	\$5,000 benefit limit
Trip Interruption	N/A	\$1,000 benefit limit
Trip Cancellation	N/A	\$1,000 benefit limit
Home Country Benefit	N/A	\$10,000 benefit limit

The deductible amount consists of covered expenses which would otherwise be payable under the Policy. This deductible is the covered person's responsibility.

High Option Includes Trip Interruption, Trip Cancellation, and Home Country Benefits.

Definitions

"Sickness" means an illness, disease or condition of the covered person that causes a loss for which he or she incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered

one Sickness. Pregnancy is included in the definition of sickness.

“Injury” means accidental bodily harm sustained by a covered person that results directly and independently from all other causes from a covered accident. The Injury must be caused solely through external and accidental means. All injuries sustained by one person in any one covered accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Medically Necessary” means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a doctor or furnished by a Hospital; 3) performed in the least costly setting required by the covered person’s condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may consider the cost of the alternative to be the covered expense.

“Home Country” means a country from which the covered person holds a passport. If the covered person holds passports from more than one country, his or her Home Country will be that country which the covered person has declared to Us in writing as his or her Home Country.

“Preexisting Condition” means an illness, disease, or other condition of the Covered Person that in the 12-month period before the Covered Person’s coverage became effective under the Policy:

1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

What Expenses are Covered

We will pay Medical Expense Benefits that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the Policy.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that the Covered Person incurs; 3) for charges incurred for services rendered to the Covered Person while traveling outside of his or her Home Country; and provided the first charge is incurred within the Incurral Period shown in the *Schedule of Benefits*

Covered Expenses

1. Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room);
2. Services of a Doctor or a registered nurse (R.N.);
3. Ambulance service to or from a Hospital;
4. Laboratory tests;
5. Radiological procedures;
6. Anesthetics and their administration;
7. Blood, blood products, artificial blood products, and the transfusion thereof;
8. Physiotherapy;
9. Chiropractic expenses on an inpatient or outpatient basis, limited to 80% of usual and customary charges up to \$35 per visit, and a maximum of 10 visits per Injury or Sickness;
10. Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription; Inpatient prescriptions are payable at 100%; Outpatient prescriptions are payable at 50% of usual and customary charges;

11. Dental charges for Injury to sound, natural teeth, up to \$100 per tooth, and a Maximum benefit of \$500;
12. Emergency medical treatment of pregnancy; therapeutic termination of pregnancy, up to a maximum of \$500;
13. Artificial limbs or eyes (not including replacement of these items);
14. Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces);
15. Oxygen or rental equipment for administration of oxygen;
16. Rental of a wheelchair or hospital-type bed;
17. Rental of mechanical equipment for treatment of respiratory paralysis;
18. Newborn nursery care, up to a maximum of \$500;
19. Mental and Nervous Disorders: limited to one treatment per day. Outpatient treatment is payable up to a maximum of \$300; Inpatient treatment is limited to 50% of usual and customary charges, up to a maximum of 30 days. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind;
20. Pregnancy and childbirth.

Emergency Medical Evacuation Benefit

100% of Covered Expenses

The Company will pay Emergency Medical Evacuation Benefits for 100% of Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling outside of his or her Home Country.

Covered Expenses

1. Medical Transport: expenses for transportation

under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by FrontierMEDEX in consultation with the local attending Doctor.

2. Dispatch of a Doctor or Specialist: the Doctor's or Specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by FrontierMEDEX to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Covered Expenses for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance.

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

Benefits will not be payable unless the Company (or FrontierMEDEX) authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the assistance provider.

Emergency Reunion Benefit

Basic Plan has \$3,000 Maximum Benefit

High Option Plan has \$5,000 Maximum Benefit

In the event the Insured has either been: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness, where the attending doctor believes it would be beneficial for the Insured to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, the Company will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum. The Immediate Family Member’s travel must take place within 7 days of the date the Covered Person is confined in the Hospital, or the date of the occurrence of the Felonious Assault.

Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum of \$300 and a maximum of ten days.

In the event that a Covered Person dies as a result of a Covered Injury or Sickness, the Company will pay the expenses incurred for emergency travel arrangements up to a maximum of \$2,500 for a Family Member to accompany the mortal remains of the deceased Covered Person.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

“Felonious Assault” means a violent or criminal act reported to the local authorities which was directed at the covered person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape. “Family Member” means a person who is related to the covered person in any of the following ways: spouse, parent (includes stepparent); child (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

Benefits will not be payable unless the Company (or FrontierMEDEX) authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the assistance provider.

Repatriation of Remains Benefit

100% of Covered Expenses

The Company will pay Repatriation Benefits at 100% of Covered Expenses for preparation and return of a Covered Person’s body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person’s body during the repatriation to the Covered Person’s place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

Benefits will not be payable unless the Company (or FrontierMEDEX) authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the assistance provider.

Trip Interruption Benefit - High Option Plan

With your selection of the High Option Plan, we will reimburse the cost of a round trip economy air and/or ground transportation ticket of a Covered Person's Trip, up to a maximum of \$1,000, if his or her Trip is interrupted as the result of:

1. the death of a Family Member; or
2. the unforeseen Injury or Sickness of the Covered Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or
3. substantial destruction of the Covered Person's principal residence by fire or weather related activity; or
4. a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness.

Benefit is not to exceed the cost of one round trip (within 7 day interim maximum) economy airfare ticket.

"Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.

Benefits will not be payable unless the Company (or FrontierMEDEX) authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the assistance provider.

Trip Cancellation Benefit - High Option Plan

Under the High Option Plan, we will reimburse the Covered Person for the amount of non-refundable expenses he or she paid for his or her Trip, up to a maximum of \$1,000, if the Covered Person is prevented from taking his or her Trip as the result of Injury, Sickness or death to the Covered Person or an Immediate Family Member prior to the scheduled Trip departure date. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be

cancelled. If the Trip is cancelled due to Injury or Sickness of an Immediate Family Member, it must be because his or her condition is life-threatening, or because the Immediate Family Member requires the Covered Person's care. Cancellation due to the death of an Immediate Family Member is covered only if the death occurs within 30 days of the Covered Person's scheduled Trip departure date.

"Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent or in-laws.

Home Country Emergency Benefit - High Option Plan

If you purchase the High Option Plan, Medical Expenses will be paid if the Covered Person continues treatment in his or her Home Country of a covered Injury or Sickness that was first treated during the course of a Trip. Under the Home Country Benefit Option, benefits will be extended up to 30 days, and will be payable up to a maximum of \$10,000. In no event will the total maximum benefit for Covered Expenses incurred under the Medical Expense Benefit and the Home Country Benefit Option exceed \$250,000. There is a separate deductible of \$100 per covered Sickness or Injury.

Accidental Death & Dismemberment

\$15,000 Principal Sum

If Injury to the covered person results, within 365 days of the date of a covered accident, in any one of the losses shown below, the Company will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same accident.

Covered Loss**Benefit Amount**

Life	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

Coordination of Benefits

If you are covered by more than one insurance program, benefits are payable subject to a Coordination of Benefits provision. A plan which does not have such a provision would pay its benefits first. In all other instances, the plan that will pay its benefits first will be:

- a. the plan which covers the insured person as an employee rather than as a full or part-time student.
- b. *if a) does not apply, the plan which covers the person as a full or part-time student rather than a dependent.*
- c. if a) and b) do not apply, the plan which covers the person as a dependent, subject to specific rules contained in the policy
- d. if a), b), and c) do not apply, then the plan which has covered the Insured Person for the longer time rather than the shorter time.

If the benefits of this plan are reduced due to these rules, such reduction will be done in proportion. Any benefits paid by this plan on a reduced basis will be charged against the benefit limits of this plan.

Exclusions and Limitations

Pre-existing Condition Limitation

The Pre-existing Condition Exclusion will not apply if the Covered Person:

1. has not received treatment, care, diagnosis, or advice, or symptoms were not manifested for 12 consecutive months prior to coverage by the Policy; or
2. has been covered by the Policy for more than 12 consecutive months; or
3. was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under Policy.

“Creditable Coverage” means: (1) a self-funded

employer group health plan under ERISA; (2) a group or individual health insurance coverage; (3) Part A or Part B. of Medicare; (4) Medicaid; (5) CHAMPUS; (6) the Indian Health Service or of a tribal organization; (7) a state health benefits risk pool; (8) a health plan offered under the federal employees health benefits program (FEHBP); (9) a public health plan; or (10) a health benefit plan.

We will not pay benefits for any loss or Injury that is caused by or results from:

1. intentionally self-inflicted injury; suicide or attempted suicide, while sane or insane.
2. war or any act of war, whether declared or not.
3. a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
4. piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
5. commission of, or attempt to commit, a felony.
6. 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. (Applicable to the Accidental Death and Dismemberment Benefit only).
7. riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
8. commission of or active participation in a riot or insurrection.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to by:

1. routine physicals and care of any kind.

2. routine dental care and treatment, except as the result of Injury to natural teeth caused by an accident or for emergency pain relief treatment to sound natural teeth.
3. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
4. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
5. services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
6. treatment or service provided by a private duty nurse.
7. treatment by any Immediate Family Member or member of the Covered Person's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
8. expenses incurred during travel for purposes of seeking medical care or treatment.
9. for pre-existing conditions, except as provided by the Policy.
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
11. any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
12. Injury sustained while participating in club, intercollegiate, interscholastic, professional or semi-professional sports.
13. expenses incurred for services related to the diagnostic treatment of infertility or other problems

related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.

14. custodial care.
15. services or expenses incurred in the Covered Person's Home Country, except as provided by the Policy.
16. elective treatment, exams or surgery; elective termination of pregnancy.
17. expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
18. birth defects and congenital anomalies, or complications which arise from such conditions.
19. Injury resulting from scuba diving; jet or water skiing; mountain climbing (where ropes or guides are used); sky diving, professional or amateur automobile racing; bungee jumping.
20. organ or tissue transplants and related services.
21. treatment of temporomandibular joint dysfunction and associated myofacial pain.
22. expenses for Injury or Sickness when the Covered Person is traveling against the advice of a Doctor.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

Claims

Claims are to be filed with the Company claim office. Detailed claim instructions and claim forms are provided upon enrollment in this Plan. Claim instructions and forms may also be found at our web site, www.cmi-insurance.com.

24 Hour Assistance Features provided by:

With your insurance program, you have access to the 24-hour FrontierMEDEX Emergency Response

Center (ERC) for emergency assistance anywhere in the world. Simply call the FrontierMEDEX ERC toll-free, direct, or collect using the telephone numbers listed below. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. FrontierMEDEX Assistance Coordinators are available 24/7 to help you with travel emergencies.

The following services are included in the program:

1. Referral to the nearest, most appropriate medical facility and/or provider.
2. Medical monitoring by board certified emergency doctors in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating Emergency Medical Evacuations, Emergency Reunions and
6. Repatriations of Remains.
7. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
8. Referral to legal assistance.
9. Assistance in locating lost or stolen items, including lost ticket application processing.
10. These services are included in the benefits provided in this program and are provided by the Assistance Company.

How to Enroll

Enroll online at: www.cmi-insurance.com

