Insurance/Services for Foreign Travel

The University has an international liability insurance policy for our employees, which is applicable when employees are traveling in foreign countries on behalf of the University. Along with the insurance coverage, some additional services are provided to employees through Executive Assistance Services.

These services do not take the place of your health insurance. It is important that you check with your insurance carrier to make sure your health insurance coverage will apply while in another country.

Country-specific travel information can be found via U.S. Department of State website at: www.travel.state.gov

Attached is a travel card to take with you on your trip. Please complete the attached Employee Travel Notice form and return it to me prior starting your trip.

The Executive Assistance Services definition of "employee" means any person working for Washburn, including any voluntary workers or independent contractors with whom we have a written contract and including your accompanying spouse, child(ren) or any other companion anywhere in the World, except those countries for which there is a United States governmental embargo or sanction prohibiting the transaction of business with or within that country. Temporary travel includes personal travel, but only if such personal travel is incidental to the travel for the purposes of conducting University business.

While in a foreign country Executive Assistance Services offers the following services to help you get the care you need:
- Pre-trip medical information; Hospital deposits; Physician referrals
- Medications. Including replacement assistance for new, lost or refill prescriptions
- Emergency lawyer referrals
- Embassy and consular information
- Lost document assistance
- Medical monitoring
- Medical evacuations, when a move to another location for more advanced medical care is deemed necessary

Additional info can be found at: http://www.europassistance-usa.com/customers/ace/
Log In ID: occpromier Password: 7kilt6

It is important to contact Executive Assistance Services prior to making any emergency arrangements, to be able to make full use of the services. If you have questions or need further assistance please let me know.

Dorothy Hedman, Insurance Manager
Vice President for Administration & Treasurer Office
Bradbury Thompson Alumni Center, Suite 200
Extension 1634
dorothy.hedman@washburn.edu

Revised 9-18-13/dh
FOR MEDICAL EMERGENCIES HAVE THE FOLLOWING:
1. Name of caller, phone/fax no., relationship to patient
2. Patient's name, age, sex
3. Description of patient's condition
4. Name, location and phone number of hospital
5. Name and phone number of treating doctor, where and when treating doctor can be reached
6. Health insurance, workers' compensation and auto insurance information (if involved in an auto accident)
7. Policy Plan No.
8. Name of Insured

EXECUTIVE ASSISTANCE® SERVICES
Plan No. 01 SP 585
Policy No. PHFD38273905 001
Name of Policyholder: Washburn University

This is not a credit card or medical insurance card.

ATTENTION: MEDICAL PERSONNEL OR POLICE
In medical or political unrest emergencies, 24 hour assistance will be provided to the individual named on this card. See Description of Services. Call toll free IDO+(1-800-766-8206) and collect 1+(202) 659-7777 when outside U.S. and Canada; toll free 1+(800) 766-8206 within U.S. and Canada. Language assistance provided.

ATTENCIÓN PERSONAL MÉDICO O DE POLICÍA
En caso de emergencia médica o disturbio político, se proporcionará asistencia médica las 24 horas del día a la persona cuyo nombre aparece en esta tarjeta. Vea la descripción de servicios. Llame al número gratuito IDO+(1-800-766-8206) y cobre el 1+(202) 659-7777 si está fuera de Estados Unidos o Canadá; 01+(800) 766-8206 dentro de los EE.UU. y Canadá. Asistencia disponible en varios idiomas.

ATTENTION: ASSISTANCE MÉDICALE OU POLICE
Une assistance 24/24h est fournie à la personne dont le nom figure sur la carte en cas d'urgence médicale ou d'agitation politique. Référez-vous à la section relative à la description de nos services. Appel gratuit: indicatif du pays +1(800) 766-8206 ou appel au PCV: 1+(202) 659-7777, les États-Unis et du Canada. Appel gratuit 1+(800) 766-8206 pour les appels provenant des États-Unis et du Canada. Assistance fournie en plusieurs langues.

DESCRIPTION OF EXECUTIVE ASSISTANCE® SERVICES
Through pre-eminence in the world of travel services, ACE offers a unique and proprietary combination of live e-services to address emergencies faced by those who travel or work outside their home country. Executive Assistance® Services provide covered employees, volunteers, students and chaperones who travel on covered trips with online pre-trip security and travel information and while they are traveling—with 24 hour access to global providers of emergency medical, personal, legal and travel services, emergency medical and political evacuation or repatriation, and concierge services.

HOW TO USE EXECUTIVE ASSISTANCE® LIVE SERVICES
When traveling or temporarily assigned outside your home country call Europ Assistance USA 24 hours a day worldwide.

IDD + (800) 0200-8888 toll free outside U.S. and Canada
1 + (202) 659-7777 collect outside U.S. and Canada
IDD 1 + (202) 659-7777 direct dial outside U.S. and Canada
1 + (800) 766-8206 U.S. and Canada

WHEN TO USE EXECUTIVE ASSISTANCE® E-SERVICES
Before and during your travel, to access the following e-services, go to www.aceexecutiveassistance.com (see your administrator for log on details).

- Global security information and alerts powered by UET Intelligent Risk Systems
- Global health information and safety tips powered by Europ Assistance USA

This identification card provides a brief outline of Executive Assistance® Services available to persons who are covered by policies of the ACE Group that include Executive Assistance® Services. The terms ACE, ACE Company and ACE Group refer to the underlying insurance companies owned by ACE Limited issuing policies including these services. The availability of these services for you is subject to the terms and conditions of the policy. Coverage is underwritten by member insurers of the ACE Group owned by ACE Limited (USA), ACE Limited (UK), ACE Limited (Europe). Europ Assistance USA will make every effort to refer you to appropriate medical and other providers. Services may be provided by a third party vendor. Neither the ACE Group nor Europ Assistance can be responsible for the quality of results of services provided by these independent providers. Services shall not be available if the insured policy or specific coverage carrier is in effect for the participant or the policy limit has been exhausted. By requesting assistance, you agree to assign to the ACE Insurer that issued the policy your right to recovery from any of your responsible carriers any expenses that any ACE Insurer incurs. In all cases, the medical professional, the medical facility and/or attorney suggested by Europ Assistance or services provided directly to the eligible person pursuant to the insurance policy issued by any ACE Company are not employees or agents of Europ Assistance or the ACE Group, and the final decision of the medical professional, medical facility or legal counsel is your choice alone. Europ Assistance and the ACE Group makes no responsibility for any medical advice or legal counsel given to the medical professional and/or attorney. Also, shall Europ Assistance or the ACE Group be liable for the replacement of or other expenses of any of the items stolen or misplaced. Assistance is provided by authorized representatives and/or service professionals providing direct services pursuant to any insurance policy issued by any member of the ACE Group. Either party may rescind this policy at any time by written notice to the other party.

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NOTICE OF EMPLOYEE INTENT TO TRAVEL TO A FOREIGN COUNTRY

Name: __________________________________________________________________________

Travel Dates: From ______________________ To ______________________

Countries Traveling To/In __________________________________________________________________________

Group Travel _________________ Individual Travel _________________

If Group Travel: Travel Arrangements Made By (Name of Company): _________________

Approximate Number Of People Expected To Travel: _________________

Travel By (Check All That Apply): _____ Plane _____ Bus _____ Train _____ Car

Is Trip In Conjunction With Academic Program? Yes ________ No ________

Briefly Describe Program or Course __________________________________________________________________________

__________________________________________________________________________________________

Describe Your Role/Duties During The Trip __________________________________________________________________________

__________________________________________________________________________________________

Name(s) of Other University Employees Traveling With You, If Any

__________________________________________________________________________________________

__________________________________________________________________________________________

Signed: ___________________________ Date: ___________________________

Please return form to:
Dorothy Hedman
Insurance Manager
Vice President for Administration & Treasurer Office
Bradbury Thompson Alumni Center, Suite 200
Extension 1634

Revised 9-25-13/dh