

2011-2012 Blanket Student Injury and Sickness Insurance

*Designed Especially for the
Students of*

ANDREWS UNIVERSITY

Underwritten by:
**Monumental Life
Insurance Company**
Cedar Rapids, Iowa
an AEGON company
(the "Company")

Administered by:

Bollinger
Insurance Solutions

P.O. Box 727 Short Hills, NJ 07078
866-267-0092 (Claims/Coverage)
800-526-1379 (Other Questions)

Visit us on the web:
www.BollingerColleges.com/Andrews

Local Broker
Collegiate Risk Management
1-800-922-3420
www.collegiaterisk.com

Policy Number: CMI304H
Policy Form: MSLH5100GBPMI

24503055

TO STUDENTS AND THEIR FAMILIES

Any international student who currently holds a J-1 or F-1 for Andrews University is required to be covered by a plan of Injury and Sickness Insurance. All other students of Andrews University registered for six (6) or more credit hours (excluding those enrolled for only workshops, distance education, or video courses) are also required to be covered by a plan of Injury and Sickness Insurance. The University Insurance plan may be waived by entering current insurance information on Registration Central during registration time.

To lower the cost of this plan, the annual payment of \$979 is charged to the student's account at registration along with tuition and residence hall costs where applicable. Coverage is effective from August 20, 2011 for all students and continues for twelve consecutive months including interim and summer vacations. In addition, coverage is available for dependents. Married students may elect family coverage to include student, spouse, and all children.

All international students whose spouse and eligible dependent child(ren) have accompanied them to the United States are required to be covered by the University Family Student Insurance Plan. The University insurance plan may be waived by entering current insurance information on Registration Central during registration time. The coverage is described in this brochure. It has limitations and these should be carefully noted.

The following is a brief description of the Injury and Sickness Insurance plan for students of Andrews University. This program is underwritten by Monumental Life Insurance Company. Claims are handled by Bollinger, Inc. The Master Policy is on file with the University.

ELIGIBILITY

Unless proof of comparable coverage is furnished, all students of Andrews University registered for six (6) or more credit hours or any international student who currently holds a J-1 or F-1 for Andrews University are automatically enrolled in this insurance plan at registration and the payment for this coverage is added to their tuition bill.

Students must be enrolled to attend classes for at least the first 31 days after the date for which coverage purchased. Home study, correspondence and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes. The Plan Administrator maintains its right to investigate student status and attendance records to verify that the policy ELIGIBILITY requirements have been met. If and when the Plan Administrator discovers that the policy ELIGIBILITY requirements have not been met the only obligation of the Company is a pro-rated refund of premium.

Eligible students who do enroll may also insure their dependents. Eligible dependents are the spouse (residing with the insured student) and children up to 26 years of age. Dependent eligibility expires concurrently with that of the insured student.

ALTERNATIVE COVERAGE

If you do not meet the ELIGIBILITY requirements of this plan, please call 1-800-922-3420 for information.

CATASTROPHIC

ACCIDENT & SICKNESS BENEFITS

Further benefits are provided under Policy No. 112IA003-0, underwritten by Markel Insurance Company of Glen Allen, VA. This Catastrophic Accident and Sickness Policy is not an extension of the base college accident and sickness plan, and contains its own exclusions, provisions and conditions. Claims are administered by MCA Administrators, Inc. @ 800-427-9308. After \$25,000 of Covered Medical Expenses has been paid under the Base Plan per Injury and Sickness, payment will be made for Covered Medical Expenses incurred up to an additional \$225,000 per Injury or Sickness under the Catastrophic Accident and Sickness coverage, payable at 80% of the Usual & Customary Charges, up to a combined maximum benefit of \$250,000. Dependents are covered up to combined benefit of \$100,000 at 50% of the Usual and Customary Charges, after \$25,000 has been paid under the Base Plan per Injury and Sickness.

NOTE: The Major Medical Benefits are not connected with, or provided by Monumental Life Insurance Company, or Bollinger, Inc.

BASIC MEDICAL EXPENSE BENEFITS INJURY AND SICKNESS

Up to \$25,000 Maximum Benefit Paid as Specified
Below (for each Injury or Sickness)

SCHEDULE OF BENEFITS - TABLE 1		
	Limits - Covered Person	
Lifetime Maximum Benefit	\$100,000	
Policy Year Maximum Benefits	\$ 50,000	
Maximum Benefit per Injury or Sickness	\$ 25,000	
Deductible	\$25 per Injury or Sickness	
Schedule of Benefits - Table 2 - Medical Expenses		
	In-Network Benefit Levels	Out-Of-Network Benefit Levels
Physician Office Visits	80% of Usual & Customary Charges up to \$5,000; 90% of Usual & Customary Charges for the next \$20,000; \$30 Co-payment per visit or \$15 if seen at University Medical Specialists	70% of Usual & Customary Charges up to \$5,000; 90% of Usual & Customary Charges for next \$20,000; \$30 Co-payment per visit or \$15 if seen at University Medical Specialists
Inpatient Hospital Services	80% of Usual & Customary Charges up to \$5,000; 90% of Usual & Customary Charges for next \$20,000; \$150 Co-payment per visit	70% of Usual & Customary Charges up to \$5,000; 90% of Usual & Customary Charges for next \$20,000; \$150 Co-payment per visit
Hospital and Physician Outpatient Services (including Emergency Expenses)	80% of Usual & Customary Charges up to \$5,000; 90% of Usual & Customary Charges for next \$20,000; \$150 Co-payment per visit	70% of Usual & Customary Charges up to \$5,000; 90% of Usual & Customary Charges for next \$20,000; \$150 Co-payment per visit

SCHEDULE OF BENEFITS - TABLE 3

Benefits listed below are subject to Table 1 Lifetime Maximum, Annual Maximum, Maximums per Injury and Sickness, Co-Insurance, Out-of-Pocket Maximum, and the above listed PPO Plan type limits

Medical Expense	Limits - Covered Person
Maternity Care for a Covered Pregnancy	Usual & Customary Charges
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Usual & Customary Charges up to \$5,000 Maximum per lifetime for a maximum period of 30 days per year
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Mental and Nervous - Usual & Customary Charges up to \$1,000 Maximum per year (\$25 visit maximum); Drug and alcohol outpatient \$3,969
Outpatient back and spine treatment (including modalities)	Usual & Customary Charge up to \$1,000 Maximum per Policy Year with a \$50 per visit Maximum and a Maximum of 3 visits per week
Treatment of specified therapies, including acupuncture and Physiotherapy	Usual & Customary Charges
Routine nursery care of a newborn child of a covered pregnancy	Usual & Customary Charge up to \$750 Maximum per Policy Year
Annual cervical cytology screening for women 18 and older	Usual & Customary Charges
Low dose mammography screening, one baseline mammogram and one mammogram per year	Usual & Customary Charges
Repairs to sound, natural teeth required due to an Injury	100% of Usual & Customary Charge up to \$100 per tooth; \$500 per Policy Year maximum
Outpatient prescription drugs	50% of actual charge

1. Inpatient Hospital Services and Hospital and Physician Outpatient Services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; medical services and supplies; Outpatient Nursing Services provided by an RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for emergency hospitalization and emergency medical care; x-rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase at the Company's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipment not provided for under a manufacturer's warranty or purchase agreement. The Company will not pay for Hospital room and board charges in excess of the prevailing semi-private room rate unless the requirements of Medically Necessary treatment dictate accommodations other than a semi-private room.

2. The Company will pay the actual expenses incurred as a result of pregnancy, childbirth, miscarriage, or any complications resulting from any of these, except to the extent shown in the Schedule of Benefits. Conception must have occurred while the Covered Person was insured under the Policy.

PRE-EXISTING CONDITION LIMITATION

No benefits will be payable for the Insured's Pre-Existing Conditions. They are defined as an Injury sustained or a Sickness for which the Insured was medically diagnosed, treated (including medications), or advised by a Physician within the six months immediately prior to his Effective Date of Coverage under this Policy.

Covered Medical Expenses resulting from a Pre-Existing Condition will not be covered unless:

1. six consecutive months have elapsed during which no medical treatment or advice is given by a physician for such condition; or
2. the Insured has been insured under this Policy and the University's prior policies for the immediate prior year; or
3. the insured has been receiving benefits under the University's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

Other Coverages	
Accidental Death & Dismemberment	Maximum Benefit; Principal Sum up to \$10,000
Repatriation of Remains	Maximum Benefit up to \$10,000

Other Coverages Continued

Medical Evacuation	Maximum Lifetime Benefit for all Evacuation up to \$10,000
Bedside Visit	Up to a maximum benefit of \$1,000 for the cost of one economy round trip airfare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person

Other Included Services

Travel Assistance Services	Emergency Medical and Travel Assistance services provided in conjunction with On Call International. Travel Assistance is not insurance. It is not connected with, or provided by, Monumental Life Insurance Company.
Caremark Pharmacy Drug Card	Prescription drug program offered by Caremark, one of the leading pharmacy benefit companies.

MANDATED BENEFITS

The Plan will pay for the following mandated benefits and any other applicable mandate in accordance with Michigan insurance laws Mammography; Mastectomy Reconstruction; Alcoholism and Substance Abuse; Diabetes Supplies, Equipment and Self-Management Training; Mental Health Parity; Newborn Children; Off-Label Drugs; and Antineoplastic Therapy Benefit.

NON-DUPLICATION OF BENEFITS

The Policy provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any Other Valid and Collectible Insurance. If the Covered Person is covered by Other Valid and Collectible Insurance, all benefits payable by such insurance in excess of \$250 will be determined before benefits will be paid by the Policy. The Policy is the second payor to any other insurance having primary status or no Coordination or Non-Duplication of benefits provision.

If the Covered Person is insured under group or blanket insurance which is also excess to other coverage, the Policy pays a maximum of 50% of the benefits otherwise payable.

INSURANCE PROGRAM COSTS

Rates below include an administrative fee paid to Andrews University and \$40 enrollment fee to TelaDoc.

Annual

08-15-2011 to 08-14-2012

Student	\$979
Student & 1 Dependent	\$2,175
Student & 2 Dependents	\$2,945

Fall

08-15-2011 to 01-03-2012

Student	\$389
Student & 1 Dependent	\$869
Student & 2 Dependents	\$1,172

Spring/Summer

01-04-2012 to 08-14-2012

Student	\$638
Student & 1 Dependent	\$1,416
Student & 2 Dependents	\$1,916

Summer

05-09-2012 to 08-14-2012

Student	\$321
Student & 1 Dependent	\$698
Student & 2 Dependents	\$953

For Major Medical* coverage, please add the following premium fee for each dependent in addition to the first two.

Annual	\$96 per dependent
Fall	\$42 per dependent
Spring/Summer	\$64 per dependent
Summer	\$42 per dependent

*This coverage is not connected with, or provided by, Monumental Life Insurance Company, or Bollinger, Inc.

REFUND OF PAYMENT

Payments received by the Company are fully earned upon receipt. A refund of the payment will be considered only as specifically provided in the case of withdrawal from school within the first 31 days or entry into the Armed Forces. No other refund will be allowed.

ALCOHOLISM AND DRUG ABUSE TREATMENT

Benefits will be provided on the same basis as any other Sickness for intermediate and outpatient care of substance abuse (alcohol or drugs).

Covered therapeutic techniques include: 1) Counseling; 2) Detoxification services; and 3) Other ancillary services, such as; a) medical testing; b) diagnostic evaluation; and c) referral to other services identified in a treatment plan. Benefits for intermediate and outpatient care of substance abuse are limited to a \$3,969 maximum per Policy Year.

CONTINUATION PRIVILEGE

You may be eligible to continue coverage in this plan for a period of six (6) months after student eligibility ceases, provided that the student and dependents have been continuously insured under the plan for six (6) consecutive months immediately preceding the students' loss of eligibility if you have no other access to group coverage.

This continuation of coverage will not exceed six (6) months, must be paid in full and may not be renewed. Questions relating to this clause should be directed to Bollinger, Inc. at 866-267-0092.

CREDIT FOR PRIOR COVERAGE

The Policy provides portability of coverage as it relates to "Pre-existing Conditions". The Pre-existing Condition limitation set forth in the Policy will be reduced to the extent an Insured Person was covered under a Qualifying Previous Coverage if: 1) the person is not a late enrollee; and 2) the prior coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage, exclusive of any applicable waiting period.

Any Pre-existing Condition limitation is reduced by the aggregate of the periods of creditable coverage, if any, applicable to the Insured Person as of the enrollment date, for similar services covered under the Policy and the prior coverage.

EXTENSION OF BENEFITS

The coverage provided under the Policy ceases on the termination date. However, if a Covered Person is Hospital Confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, Covered Medical Expenses for such Injury or Sickness will continue to be paid until the completion of his Hospital Confinement but not to exceed 31 days from the expiration date of his/her coverage or beyond release from the Hospital for that Inpatient Confinement or the maximum policy benefit, whichever occurs first.

The total payments made in respect of the Covered Person for each condition both before and after the termination date will never exceed the maximum benefit.

EFFECTIVE TERMINATION DATES

When a Covered Person's coverage starts: Coverage for participant starts at 12:01 a.m. on the latest of the following:

- 1) The effective date of the Policy; or
- 2) The date the premium and completed enrollment form, if any, are received by the Company or the Plan Administrator.

Thereafter, the insurance is effective 24 hours a day, worldwide. In no event, however, will insurance start prior to the date the premium is received by the Company.

When a Covered Person's coverage ends: Coverage for a Covered Person will automatically terminate on the earliest of the following dates:

1. The date the Policy terminates; or
2. The date of which the Covered Person ceases to meet the individual eligibility requirements; or
3. The end of the term of coverage specified in the Covered Person's enrollment form, if any, including any requested extension.

Coverage will end at 12:00 a.m. on the last date of insurance. A Covered Person's coverage will end without prejudice to any claim existing at the time of termination.

MEDICAL EVACUATION BENEFIT

Upon receipt of due proof that a Covered Person incurred expenses for Physician ordered Emergency Medical Evacuation, including medically appropriate transportation and Medically Necessary Care, en route to the nearest suitable Hospital or to the Covered Person's home country, when the Covered Person is critically ill or Injured, and appropriate local care is not available, we will pay the allowable charges incurred not to exceed \$10,000, subject to the prior approval of the Plan Administrator for the Policy and the attending Physician.

Payment of a benefit under the terms of this benefit is in lieu of all benefits otherwise payable under the Policy and any Riders. Insurance for the Covered Person ends upon the evacuation.

REPATRIATION OF REMAINS BENEFIT

Upon receipt of due proof of a Covered Person's death, we will pay the allowable charges for the preparation of the deceased's body for burial or cremation in the home country including the cost of embalming and coffin; and transportation of the deceased's body to his or her home country. The benefit payable is not to exceed \$10,000, and is subject to the following condition: expenses incurred under this coverage have been approved by the Plan Administrator before the body is prepared for transportation.

DEFINITIONS

ELECTIVE SURGERY means any surgery or treatment that is not Medically Necessary which includes but is not limited to: circumcision; tubal ligation; vasectomy; breast reduction; breast implants; sexual reassignment surgery; removal of non-malignant warts and moles; orthognathic surgery, including mandibular retrognathia; and submucous resection and/or other surgical correction for deviated nasal septum.

Elective surgery does not mean a Cosmetic Procedure required to correct an Injury for which benefits are otherwise payable under the Policy.

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under the Policy. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these Injuries, are

considered a single covered Injury. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused by or contributed to by Sickness.

PREFERRED PROVIDER ORGANIZATION means a diversified group of medical providers who have entered into agreements with the Plan Administrator to provide medical benefits and services to the Covered Persons.

SICKNESS means an illness or disease which first manifests itself while the Policy is in force which results in Covered Medical Expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. It also includes complications of pregnancy.

USUAL AND CUSTOMARY CHARGE means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered.

EXCLUSIONS

Benefits will not be paid under the Policy and any attached Rider for any expenses which result from:

- 1) Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
- 2) Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
- 3) Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane (in Missouri, while sane);
- 4) Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, or surgery that is required as a result of an Injury which necessitates medical treatment within 24 hours of the accident. Correction of deviated nasal septum shall be considered as cosmetic surgery for the purpose of the Policy;
- 5) Elective Surgery or elective treatment;
- 6) Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as fare-paying passenger in an air-craft operated

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- by a commercial scheduled airline. This exclusion does not apply to insured students while taking flight instructions for University credit.
- 7) Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
 - 8) Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
 - 9) Injury sustained or Sickness contracted while in the service of the armed forces of any country. When an Insured enters the armed forces, we will refund any unearned pro-rata premium with respect to such person;
 - 10) Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
 - 11) Injury resulting from the playing, practice, participating, or conditioning in any inter-collegiate, interscholastic, sport, contest or competition sponsored by the University, any professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
 - 12) Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician except as specifically provided under the Substance Abuse Benefit;
 - 13) Taking of alcohol in combination with any drug, medication or sedative except as specifically provided under the Substance Abuse Benefit;
 - 14) Expenses incurred within the Covered Person's home country or country of regular domicile other than the United States;
 - 15) Routine physical examinations, preventive testing or treatment, screening exams or testing in the absence of Sickness or Injury, pre-marital examinations, pre-employment examinations, health examinations or pre-school physical examinations and routine Papanicolaou cytology test;
 - 16) Expenses incurred in connection with weak, strained or flat feet, corns, calluses, bunions, or toenails;
 - 17) Expenses incurred in connection with sterilization or sterilization reversal, including surgical procedures, exams, and devices;

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- 18) Committing or attempting to commit an assault or felony; or fighting, except in self defense;
 - 19) Injury resulting from racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), or any other hazardous sport or hobby;
 - 20) Expenses resulting from a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusion will not apply to passengers if they are insured under the Policy);
 - 21) Organ transplants;
 - 22) Expenses incurred for the treatment of and supplies for weight reduction, hair growth or removal, or smoking cessation;
 - 23) Services and supplies not Medically Necessary for the diagnosis recommended by the attending physician; and
 - 24) Treatment for acne; breast implants; breast reduction; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; lesions; warts; obesity; sleep disorders; tubal ligation; vasectomy; and hernia, including inguinal hernia.

PREFERRED PROVIDERS (PPO)

University Medical Specialties, P.C. and Lakeland Care, Inc. Physician Hospital Organization (PHO) are the local preferred providers under your plan. Charges in excess of the insurance payment are your responsibility. In order to use the services of a participating provider, you must present an identification card, which is mailed to all students insured under the Andrews University plan.

Lakeland Care (local)

269-927-5207

www.BollingerColleges.com/Andrews

www.lakelandcare.org

Once a Covered Person receives their Medical Insurance ID card, they should visit the plan website at:

www.BollingerColleges.com/Andrews.

Participants can track claims, search for a doctor, view plan information, download claim forms and read health and security information.

For services out of the area, you have access to a nationwide network of providers through the First Health Network. The First Health Network is available to you and your eligible dependents under your Student Health Plan. First Health offers you superior access to a choice of qualified physicians, hospitals, and other healthcare providers through the First Health Network while reducing the costs of medical care with rates that are usually much lower than normal charges. You can access the provider information by logging on to www.BollingerColleges.com/Andrews for participating physicians in your area.

Please note - you may seek Medically Necessary care from any physician. If, however you seek outpatient treatment from a physician who does not participate in the PPO, you may be responsible for any charges that exceed the Usual and Customary charges for services.

After Hours Urgent Care Centers - If you need a doctor after regular office hours for an appropriate minor medical concern, consider an urgent care center as an alternative to the emergency room at your local hospital. In order to locate a participating urgent care center, go to www.BollingerColleges.com/Andrews

Emergency Care - Call the local emergency hotline (example - 911) or go to the nearest emergency facility. Before an emergency arises, it is helpful to be prepared by familiarizing yourself with individual participating PPO medical centers in your area.

IN THE EVENT OF INJURY OR SICKNESS

In the event of an Injury or Sickness in a non-emergency situation report at once to the University Health Specialists or when not in school log on to www.BollingerColleges.com/Andrews to find the nearest hospital or doctor.

CLAIM PROCEDURE

1. Bills sent directly by physicians and hospitals will be processed by Bollinger, Inc. However, after review, Bollinger, Inc. may contact the Covered Person and ask him/her to complete a claim form or a questionnaire to get further information about the claim. Reimbursement for prescriptions must be accompanied by a claim form. Claim forms are available at www.BollingerColleges.com/Andrews
2. File claims within 30 days of Injury or first treatment for Sickness. Bills must be received by Bollinger, Inc. within 90 days of service to be considered for payment.

TelaDoc

If you need a doctor's advice and/or a prescription, Collegiate Risk Management has arranged for each student insured under this plan, to be enrolled in TelaDoc. TelaDoc is a service which is available 24 hours a day/7 days a week, and for a \$35.00 telephone consultation charge, licensed physicians can give you a physician's opinion and can even phone in a prescription to the pharmacy of your choice. TelaDoc is a convenient, cost effective alternative for minor medical problems and a solution for the health care issues of cost and access. It is also a great resource when traveling. TelaDoc is a national network of board certified, licensed primary care physicians (PCP) that diagnose illness, recommend treatment, and prescribe medication, when appropriate, for its members over the telephone. To learn more about this service, contact Collegiate Risk Management at 1-800-922-3420 or log onto our website at www.collegiaterisk.com. The toll-free customer support number for TelaDoc is 1-800-835-2362.

Note: The TelaDoc related services listed above are not connected with or provided by either Monumental Life Insurance Company or Bollinger, Inc.

24-HOUR NURSE HELPLINE and TRAVEL ASSISTANCE PROGRAM

(Administered by On Call International)

On Call shall provide Students enrolled in this Plan with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Student's ailments.

Each Insured Student and his/her enrolled Dependents are also eligible for travel assistance services when traveling 100 miles or more away from their home and campus address. Travel Services are only available for medical claims that are covered under the College's Student Accident and Sickness Insurance Plan. Services provided include: Emergency Medical Transportation (Evacuation/Repatriation); Medical Monitoring; Medical, Dental, & Pharmacy Referrals; Deposit, Advance, & Payment Guarantees; Dispatch of Medicine, Physician, or Nurse; Return of Deceased Remains; Return of Minor Children Assistance; Pre-Trip Information; 24/7 Emergency Travel Arrangements; Translation Assistance; Emergency Travel Funds Assistance; Worldwide Legal Assistance; Lost/Stolen Travel Documents Assistance; Emergency Message Forwarding; and Lost Luggage Assistance.

U.S. & Canada Toll Free: 866-525-1955

International Collect: 603-328-1955

Note: The 24-Hour Nurse Advice Line and the Travel Assistance program are not insurance. Neither is connected with or provided by Monumental Life Insurance Company.